



# NEW HIRE INFORMATION



- Name Change                       Address Change  
 Beneficiary Change               Qualifying Event

Name \_\_\_\_\_ SS# \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Job Title \_\_\_\_\_ Location of School \_\_\_\_\_  
 Cell # \_\_\_\_\_ Email \_\_\_\_\_  
 Date of Hire \_\_\_\_\_ Annual Salary \_\_\_\_\_ Department \_\_\_\_\_  
 Certified/Classified \_\_\_\_\_ Hours/week \_\_\_\_\_ Employee ID# \_\_\_\_\_

Dependent Information					
First Name	M.I.	Last Name	Date of Birth	Gender	Relationship to Employee

Beneficiary Information					
First Name	Last Name	Date of Birth	Relationship to Employee	Secondary or Primary	Percentage
<i>All Living Children Equally</i>					

**Basic Life & AD&D are fully paid for by Benton SD**

**DENTAL COVERAGE (DELTA DENTAL)**

COVERAGE TIER	MONTHLY RATES
<input type="checkbox"/> Employee	<b>Paid for by BSD</b>
<input type="checkbox"/> Employee + Spouse	\$31.08
<input type="checkbox"/> Employee + Child(ren)	\$27.98
<input type="checkbox"/> Family	\$71.08
<input type="checkbox"/> Waived	

**VISION COVERAGE (VSP)**

COVERAGE TIER	MONTHLY RATES
<input type="checkbox"/> Employee	\$11.18
<input type="checkbox"/> Employee + Spouse	\$17.89
<input type="checkbox"/> Employee + Child(ren)	\$18.26
<input type="checkbox"/> Family	\$29.44
<input type="checkbox"/> Waived	

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Termination*

End Date of Coverage \_\_\_\_\_

