



County Of Sacramento New Employee Orientation Benefit Enrollment Document Checklist

Please review this checklist prior to completing your Benefit Elections/Changes.

You have 30 days from your hire/rehire date or qualifying event date to make an election/change & 7 days after your election/change to submit supporting documents validating the event.

NOTE: If supporting documents are required for your election/change, AND NO DOCUMENTATION IS RECEIVED WITHIN 7 DAYS IN THE BENEFITS OFFICE, YOUR ELECTION/CHANGE WILL NOT BE APPROVED!

If you cannot provide supporting documentation within the 7 days, you must contact the Benefits Office in advance to discuss an extension!

If you are a re-hire, supporting documents are required again.

For Medical and/or Dental Enrollment:

- If enrolling a spouse – a copy of your marriage certificate must be provided within 7 days of your election.
- If enrolling a domestic partner – a copy of State of California Certificate of Registration of Domestic Partnership must be provided within 7 days of your election.
- If enrolling dependent children – copy of birth certificate, hospital certificate, adoption, foster or legal guardian document must be provided within 7 days of your election.
- If waiving coverage – proof of other coverage under a group health plan must be provided within 7 days of your election. Proof must show your name and the group sponsor name and be no older than 60 days in the past.

Note: If adding coverage mid-year within 30 days of the loss of other group coverage – proof of your loss of coverage under a group health plan must be provided within 7 days of your election.

Note: Only one set of dependent verification documents is needed for all benefits

For Medical and/or Dental Terminations/Waivers:

- If terminating a spouse – a copy of your divorce paperwork or gain of other group coverage must be provided within 7 days of your benefit election.
- If terminating a domestic partner – a copy of State of California Termination of Domestic Partnership must be provided within 7 days of your benefit election.
- If terminating dependent children – proof of gain of other group coverage, must be provided within 7 days of your benefit election.
- If waiving coverage within 30 days of gaining other group coverage – proof of your coverage under a group health plan must be provided within 7 days of your benefit election. The proof must show your name and the group sponsor name.