

# WV Division of Administrative Services

1201 Greenbrier Street  
 Charleston, WV 25301  
 phone: (304) 558-2350 fax: (304) 558-4878

## BENEFITS

### New Hire

To Be Completed by Benefit Coordinator

<b>NAME</b>		<b>Oasis ID #</b>						
<b>FACILITY</b>		<b>Temp to Perm Date</b>						
<b>Retirement / Pension (and Beneficiary Forms)</b>	Check wretirement.gov to see if employee is Tier 1 or 2		<b>WV Retirement Plus 457</b>		<b>Decline</b>			
	please circle one		Pre-tax (457PT)	After-tax (457AT)	Y or N			
	1	2	\$	\$				
<b>Oasis Document # for PERS: ENRL*</b>								
<b>Oasis Document # for WV Retirement Plus 457: MISC*</b>								
<b>PEIA</b>	<b>IRS Section 125</b>	<b>Y or N</b>	<b>Received Form</b>	<b>Waived/ Opt out of Insurance</b>	<b>PEIA load to Oasis</b>	<b>Benefit Coordinator Entered In Oasis</b>	<b>\$ Amount</b>	<b>ENRL Document # if Benefit Coordinator entered in BA</b>
		Basic Life						ENRL*
		Health						ENRL*
		Optional Life						ENRL*
		Dependent Life						ENRL*
<b>MtFlex Benefits</b>				<b>MtFlex Legal (post tax)</b>				
Employee add coverage				Employee add coverage				
\$ Amount				\$ Amount				
Oasis Document #		MISC*		Oasis Document #		MFBLG*		

To Be Completed by Employee

### New Hire Checklist:

Retirement	
Public Employees Retirement Enrollment and Beneficiary Forms	
WV Retirement Plus (457) and Beneficiary Forms	
PEIA and FBMC Insurance	
PEIA Shopper's Guide, Summary Plan Description and Group Term Life Book	
Online Enrollment Instructions	
Basic Life Insurance Form	
Health Benefits Form	
Optional and Dependent Life Form	
FBMC Plan Book and Form	

I \_\_\_\_\_ have been given the instructions to go online to complete my Basic Life Insurance, Health Insurance and Optional/Dependent Life Insurance through PEIA, as well as the form to complete Mountaineer Flex Benefits. I understand that if I choose not to enroll in health insurance through PEIA, that I must complete the health enrollment form to decline (waive) insurance.

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