

California Department of Human Resources State of California

This Checklist is intended to document and ensure that departments/agencies are providing the legally required notices to employees for compliance with the ACA. Parts I and II must be completed, if applicable.

PART I documents the distribution of the Health Insurance Marketplace Coverage Options and Health Coverage Notice to newly hired employees (e.g., new to the state, department, or agency).

PART II documents the distribution of the Summary of Benefits and Coverage Notice and the Health Benefits Plan Enrollment form to employees newly eligible for health benefits.

Upon completion, this Checklist must be retained in the employee's Official Personnel File. Employee Information

	Hire Date
Social Security Number	Tenure/Time Base
	Social Security Number

□ New State Employee

If employee is appointed to a position eligible for health benefits, complete Parts I and II. If employee is not eligible for health benefits, complete Part I only.

Current State Employee who is Newly Hired at Department/Agency OR Newly Eligible for Health Benefits

If employee is not eligible for health benefits or is continuing their health benefits eligibility in a new position, complete Part I only. If employee has been appointed to a position that makes them newly eligible for health benefits (e.g., Temporary/Intermittent to Permanent/Full-time), complete Parts I or II (or Part II only, if applicable).

Part I - New Employees

The Health Insurance Marketplace Coverage Options and Health Coverage Notice is required to be provided to every new employee in your department/agency within 14 days of their hire date.

Part II - Employees Newly Eligible for Health Benefits

The following health benefit documents should be provided to employees newly eligible for health benefits by the first day the employee is eligible to enroll in coverage (e.g., employee is hired on August 12, the following documents must be provided to employee no later than September 1, the earliest effective date of coverage).

Summary of Benefits and Coverage Notice

☐ Health Benefits Plan Enrollment Form (HBD-12)

Date Provided

Department Representative

Human Resources Office use Only

I certify that data stated herein is correct, complete, and in accordance with all laws and regulations.

Contact Number