

**BENEFITS AUTHORIZATION FORM**

DATE: \_\_\_\_\_ Rehire      New Hire      TC      Union/Barg chng  
Please process insurance benefits for:      Leave, type & dates\*\*      Special\*\*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name (PRINT)      First Name (PRINT)      Social Security Number

Hire date: \_\_\_\_\_ Hrs/Day: \_\_\_\_\_

Circle One:      SCTA / SEIU / UPE / TEAMSTERS / CSA / UNREP: SUPV / MGMT / CONF  
*Adult Ed or Certificate Substitute, please indicate date eligible for benefits:*

**AUTHORIZATION FORM MUST BE PRESENTED TO THE BENEFITS OFFICE TO PROCESS YOUR BENEFIT PACKET**

\_\_\_\_\_  
Signature of Employee      Authorized by  
Benefits (white)      Personnel file (yellow)      RSK-F001A (Rev D 12/12/11)

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*Adult Ed or Certificate Substitute, please indicate date eligible for benefits:\_\_\_\_\_*

Position with District: \_\_\_\_\_

Work Location \_\_\_\_\_

*I understand my health benefits will be effective only after I have completed all necessary paperwork with Human Resources and Employee Benefits. **Required documentation for adding dependents: marriage/domestic partner certificate, birth certificate(s), and Social Security numbers for each dependent.***

\*\*Comments: \_\_\_\_\_

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