



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

CHECKLIST FOR EXTRA-HELP/RECURRENT/PSE TO CONTRACT

Must print in Black or Blue ink ONLY

Employee ID	Rcd. No.	Last Name, First Name
Department		

REQUIRED

[Job Action Request \(JAR\)](#)

[Social Security Form \(Form SSA-1945\)](#)

REQUIRED (IF APPLICABLE)

[Automobile Election Agreement-Exempt](#)

[Beneficiary Designation for Life Insurance](#)

[Bilingual Forms](#)

[Bronze Plan Enrollment Form[#]](#)

[Declination Agreement for Essential Health Plan Coverage](#)

[Combined Giving Campaign Continuation Election](#)

[Agreement](#)

[Dental Plan Enrollment/Change Form](#)

[Life Insurance and AD&D Enrollment Form](#)

[Medical Plan Enrollment/Change Form](#)

[Oath of Affirmation or Allegiance](#)

[Vision Plan Enrollment Form - Eligible Units](#)

[Opt-Out/Waiver Election Agreement for Medical and/or Dental Coverage](#)

[Disabled Dependent Certification](#)

[Personal Information/Emergency Contacts](#)

[Position Number Request - Extra-Help/Recurrent/Contract](#)

[Premium Deduction Election](#)

[SBCERA Membership Tier Verification Form](#)

[SBCERA Waiver of Membership Form](#)

[Other Forms \(if applicable\)](#)

Contact ebzd@hr.sbcounty.gov to schedule Exempt Benefits Orientation. **

No Copies Needed in Packet

[Beneficiary Designation for VOYA](#)

[Dependent Care Assistance Plan \(DCAP\) Enrollment Form 700](#)

[Salary Savings PST Deferred Compensation](#)

[Plan Participation Agreement](#)

[Medical Expense Reimbursement \(FSA\) Plan Enrollment](#)

Incomplete Packets Will Be Returned

Distribution: EMACS-HR (0030)

Applies to employees working 30 hours or more per week who are not covered by an MOU/Compensation Plan