



Diocese of Tyler-Business Office
1015 ESE LOOP 323 TYLER, TX 75701
903-534-1077 Fax 903-534-1370

NEW HIRE CHECKLIST

EMPLOYEE INFORMATION

NAME: _____ START DATE _____

LOCATION: _____ PARISH/SCHOOL _____

TO BE COMPLETED AND RETAINED AT YOUR LOCATION

W4

I-9 (Must be filled out on 1st day of employment and employment verification within 3 days of employment.)

POLICIES

ETHICS & INTEGRITY

Contact Maria Flores for more information 903-534-1077

TO BE COMPLETED & ORIGINAL MAILED TO THE DIOCESE OF TYLER ATTN: Diana Jones

CHECKLIST:

- Catholic Employee Benefit Group-Health Benefit Enrollment Form (Eff. on 1st month following 60 days)
- Other Insurance Inquiry – Catholic Employee Benefit Group
- Medicare/Medicaid Inquiry – Catholic Employee Benefit Group
- Catholic Life Insurance Enrollment Form – Catholic Employee Benefit Group
- Mutual of Omaha Group Term Life Enrollment Form
- 403(B) – Mutual of America Employee Enrollment Forms (4pages)
- 403b Salary Reduction Agreement
- Waiver of Group Health Benefits & Notice of Special Enrollment Rights
(If declining health insurance or work part-time and not eligible for benefits)

Submitted-By: _____ Date Submitted: _____

PLEASE SUBMIT THIS FORM WITH ENROLLMENT PAPERWORK