
Benefit Enrollment Checklist

Please use this checklist to ensure that you have included all required documents with your application.

GENERAL REQUIREMENTS

- Copy of CAFCC membership card
- Copy of current Family Child Care License
- Copy of Drivers License or State ID

MEDICAL BENEFITS

- PacifiCare, Western Health, Care 1st, Kaiser, Health Net, or Blue Cross application
- CEA Health questionnaire
- CAFCC Union Trust Joiner Agreements
- BAIS Auto-pay form

DENTAL / VISION

- Delta Dental and/or VSP application
- Dental / Vision Worksheet
- Kelsey Auto-pay form

DISABILITY / CRITICAL ILLNESS

- Assurity disability and/or critical illness sections of application
- Kelsey Auto-pay form

You can mail / fax / e-mail these documents to:

Vantage Business Support & Insurance Services
CAFCC Benefits Program
2363 Mariner Square Dr., Ste. 240
Alameda, CA 94501

Fax: 510-595-0930

e-mail: stevec@vantagebss.com