



## *Benefit Enrollment Checklist*

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

### **MEDICAL BENEFITS**

1. Kaiser, Health Net, Western Health or Blue Cross application
2. CEA Health questionnaire
3. CEA Participant Joiner Agreement
4. BAIS Auto-pay form
5. Copy of CCAE membership card

### **DENTAL / VISION**

1. Delta Dental and/or VSP application
2. Dental / Vision Worksheet
3. Kelsey Auto-pay form
4. Copy of CCAE membership card

### **DISABILITY / CRITICAL ILLNESS**

1. Assurity disability and/or critical illness sections of application
2. Kelsey Auto-pay form
3. Copy of CCAE membership card

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

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

Fax: 510-595-0930  
e-mail: [stevec@vantagebss.com](mailto:stevec@vantagebss.com)