



WIN ENROLLMENT CHECKLIST

Please complete this form for all new enrollments and submit it with all other required forms.

Library Name: _____

Section Number: _____

Employee Name: _____

Effective Date: _____
(Must be submitted within 30 days of effective date)

Employee Benefit Offerings:

Health Insurance (BCBS) (also automatically enrolled in EyeMed for vision; Zero Card included for Plan A and B)

_____ Plan A

_____ Plan B

_____ Plan C (HDHP)

_____ Health Savings Account (HSA)

_____ Single Coverage Employer Annual Contribution Amount

_____ Family Coverage Employer Annual Contribution Amount

_____ Dental Insurance (BCBS)

_____ PPO

_____ Life and Disability Insurance (Dearborn National)

_____ Basic Life and AD&D (\$50,000 benefit for all eligible employees)

_____ Short Term Disability

_____ Long Term Disability

Domestic Partner:

If adding a domestic partner to the insurance, the Affidavit of Domestic Partnership must be completed and notarized. A copy of the form needs to be sent to WIN Administration. Please keep the original copy for your records. The domestic partner can be listed under the dependents in the spouse location on all applications. **Please note: payroll deductions used to pay for domestic partner coverage need to be done post tax.**

Please send a copy of this completed form along with all application to:

WIN Administration
Email: MWIL.WinAdministration@MarshMMA.com

Remember to keep originals of all forms for the library's personnel files.