

# Medical College of Wisconsin Affiliated Hospitals, Inc.

## Return Form Check List for May

**The required employment/benefit forms listed below are on our [website](#).**

### **To be submitted by June 16, 2025:**

- \_\_\_\_\_ Health Insurance Enrollment (WPS),  
Dental Insurance Enrollment (Delta Dental), and  
Vision Insurance Enrollment (Delta Vision):

**Complete *ON LINE* at link provided in the Insurance Enrollment Packet.**

**All New Hires Must Complete the online form to Accept or Waive** each of Health, Dental and Vision insurance coverage.

Make sure to keep your **receipt provided at the end of the online enrollment process**.  
You will not receive a receipt by email.

### **To be submitted by June 30, 2025:**

- \_\_\_\_\_ Group Life Insurance Beneficiary Designation Form (to be brought in person to the MCWAH office – wet signature required)
- \_\_\_\_\_ I-9 Employment Eligibility Verification Form (to be brought in person to the MCWAH office – wet signature required) (Do not attach copies of your documents. We need to see the originals)
- \_\_\_\_\_ MCWAH Address Change Form (if applicable) (email to [gme\\_forms@mcw.edu](mailto:gme_forms@mcw.edu))
- \_\_\_\_\_ Outlook App Memo and Patient Information Form (will be emailed to you via DocuSign)

If you have questions concerning any of the above forms, we request that you send an email to [gme@mcw.edu](mailto:gme@mcw.edu). Your question will be forwarded to the appropriate person for response.

Due to the volume of calls our office receives, we ask that you do not call to verify that we received your paperwork. If we are missing any paperwork or have any questions, we will contact you. Thank you.