

Medical College of Wisconsin Affiliated Hospitals, Inc.

Return Form Check List for May

The required employment/benefit forms listed below are on our website.

These forms MUST be completed, printed and returned to the MCWAH Office using the enclosed return envelope.

Please return by: May 26, 2024

_____ 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.

_____ Group Life Insurance Beneficiary Designation Form

_____ I-9 Employment Eligibility Verification Form
(Do not attach copies of your documents. We need to see the originals)

_____ MCWAH Address Change Form (if applicable)

_____ Outlook App Memo and Patient Information Form

If you have questions concerning any of the above forms, we request that you send an email to 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. Using the envelope provided will ensure that we receive it. **If we are missing any paperwork or have any questions, we will contact you.** Thank you.