

Archdiocese of Baltimore

New Hire Employee Benefit Checklist

Benefit Plans to Review	Form(s) Needed for Enrollment
<input type="checkbox"/> Medical Plan Options	<input type="checkbox"/> Medical/Dental Enrollment/Waiver Form
<input type="checkbox"/> Dental Plan Options	
<input type="checkbox"/> Vision Plan <i>(included with Medical Plan)</i> <input type="checkbox"/> Voluntary Vision Plan <i>(standalone, without Medical Plan)</i>	
<input type="checkbox"/> Prescription Drug Coverage <i>(included with Medical Plan)</i>	
<input type="checkbox"/> Disability Benefits	n/a
<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Beneficiary Form
<input type="checkbox"/> Supplemental Life Insurance	<input type="checkbox"/> Supplemental Life Enrollment Form
<input type="checkbox"/> Employee Assistance Program	n/a
<input type="checkbox"/> Lay Employees Retirement Plan	n/a
<input type="checkbox"/> T. Rowe Price 403(b) Plan	<input type="checkbox"/> 403(b) Enrollment Form
<input type="checkbox"/> Credit Union	<input type="checkbox"/> Application for Account

I have reviewed the benefit plans listed above and understand the employee benefit options available to me. Attached are my enrollment form(s) and life insurance beneficiary form.

 Signature

 Date

 Please print your name