

EMPLOYEE
INSURANCE CHECKLIST:

NAME: _____

DATE OF HIRE: _____ **ELIGIBLE DATE:** _____

- COVER SHEET
- WORKSHEET AND SIGNATURE PAGE

UNITED HEALTHCARE

- ENROLLMENT FORM
- WAIVER
- LIFE INSURANCE BENEFICIARY FORM COMPLETED & SIGNED

DELTA DENTAL

- ENROLLMENT FORM
- WAIVER

VISION

- ENROLLMENT FORM
- WAIVER

FOR INFORMATION REGARDING ANY OF THESE FORMS, CONTACT:

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