



CITY OF MALDEN
Human Resources Department
215 Pleasant Street
Malden, MA 02148
781-397-7000 x2187 (P)
781-873-0238 (F)
Anthony Chiccuarelli, Director

New Employee Benefits Enrollment Checklist

PRINT NAME: _____ **DATE OF HIRE:** _____

You have 30 days from your date of hire to elect the following benefits below through the Human Resources Department.

Medical insurance

- Employees wish to enroll as an INDIVIDUAL.
- Enrolling a spouse must provide a copy of the marriage license/certificate & social security #.
- Enrolling dependent children must provide a copy of the birth certificate & social security #'s for each child enrolled.
- DECLINE Medical insurance coverage.

Dental Insurance

- Delta Dental PPO Plus Premier
- DMS-CIGNA
- DECLINE

Vision Insurance

- Subscriber
- Subscriber +Spouse
- Subscriber + Child(ren)
- Family
- DECLINE

Boston Mutual Group Term Life Insurance

- Basic: \$10K
- Voluntary Election: \$ _____
- Spouse: \$ _____
- Dependent(s) Y/N
- DECLINE

Boston Mutual Disability Coverage

- Long Term Disability
- Short Term Disability (*School Employee Option only*)
- DECLINE

Flexible Spending (FSA)

- Medical/Dental Election Amount: \$ _____
- Dependent Care: \$ _____
- DECLINE

EMPLOYEE SIGNATURE: _____ **DATE:** _____

HR OFFICE USE ONLY

- Muni/City
- School
- 21 or 26
- Create Folder
- Forms Processed
- Deductions Entered in Payroll
- ACA
- Database
- Billing Reconciliation