

# 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