



Enrollment Checklist

Avoid these common mistakes to avoid delays in coverage processing.

- Please print legibly
- Make sure you complete the enrollment even if you are waiving coverage
- If covering spouse and/or dependents, make sure you know their Social Security Numbers and dates of birth
- Check with your employer for:
 - The WEA Trust Group Number
 - Which plans [Health, Vision, Dental, Long Term Disability, Long Term Care, Life, and/or Short Term Disability] you and your dependents are eligible for
 - Your exact annual salary
 - Your First Day of Employment [first day actively at work not necessarily the day you sign a contract]
 - The occupation to use

Public Schools		Public Sector
ADM.SEC'Y/ASSISTANT	EMPLOYER DEFINED/OTHER	ADMINISTRATION
ADMIN./PRINCIPAL	FOOD SERV.SUPERVISOR	CORRECTIONAL WORK
AIDE-TEACHER/LIBRARY	LIBRARIAN	EMPLOYER DEFINED/OTHER
AUDIO/VISUAL TECH.	LONG TERM SUBS	FINANCE
BLDING/GROUNDS SUPV.	MECHANIC	FIRE PROTECTION
BOOKKEEPER/PAYROLL	NURSE/THERAPIST	HR/SOC/PUBL HLTH
BUS DRIVER	PSYCHOLOGIST/IATRIST	LEGAL COUNSEL
BUSINESS MANAGER	SECRETARY/CLERICAL	POLICE PROTECTION
COMPUTER TECH	SUBSTITUTE TEACHER	UTILITY/SANITATION
COOK/FOOD SERVICE	TEACHER	
COUNSELOR	TRANSPORTATION DIRECTOR	
CUSTODIAL/MAINTENANCE		

- If eligible for the **Long Term Care** plan and you wish to cover your spouse/domestic partner, remember to submit the *Evidence of Insurability for Group Long Term Care*
- If eligible for a **Life** plan, the *Life Insurance Beneficiary Designation* should be completed, signed, and dated. If your spouse/domestic partner is not designated as Primary Beneficiary, his/her signature is required
- If eligible for a **Short Term Disability** plan, remember that:
 - A separate enrollment form is required
 - Weekly benefit amounts of \$357 and larger require underwriting approval
 - Remember to submit and complete the *Evidence of Insurability For Short Term Disability Plan* form