



Office of Human Resources
Employee Benefits Checklist
 for Graduate Assistants,
 Employees-In-Training, Fellows, Scholars,
 Short-Term Academic Staff

Instructions for the Department Payroll & Benefit Coordinator:

1. Complete Section 1 – Appointee Information.
2. Have the appointee read, sign and date Section 2 – Appointee Acknowledgement.
3. Record in Section 3 the Application Received Dates.
4. Sign, date and retain a copy of this form for your files.

Section 1 – Appointee Information

Last Name	First Name	Middle	Date of Birth (mm/dd/yyyy)
Department/Division	Person ID	Appointment Start Date (mm/dd/yyyy)	

Section 2 – Appointee Acknowledgement

I acknowledge I have been informed to locate the information and applications noted below at benefits.wisc.edu	
Appointee Signature	Date (mm/dd/yyyy)

Section 3 – Benefit Information and Applications located at benefits.wisc.edu

Benefit Plan	Application Received Dates (mm/dd/yyyy)
State Group Health Insurance	
Dental and Excess Medical Insurance (Epic)	
Dental Insurance	
Vision Insurance	
Individual and Family Group Life Insurance	
University Insurance Association Life Insurance (UIA)	Mandatory for all eligible Unclassified employees. No Application Required.
UW Employees Inc. Life Insurance	
Accidental Death and Dismemberment Insurance (AD&D)	
Employee Reimbursement Accounts Program (ERA)	
Tax Sheltered Annuity 403(b) Program (TSA)	Voluntary Retirement Savings Program
Wisconsin Deferred Compensation (WDC)	Voluntary Retirement Savings Program

Coordinator Signature	Date (mm/dd/yyyy)