

# Medical College of Wisconsin Affiliated Hospitals, Inc.

## Return Form Check List for May

The required employment/benefit forms listed below are on our website.

These forms **MUST** be completed, printed and returned to the MCWAH Office using the enclosed return envelope.

Please return by: **May 26, 2024**

- \_\_\_\_\_ Health Insurance Enrollment (WPS),  
Dental Insurance Enrollment (Delta Dental), and  
Vision Insurance Enrollment