

Request for Additional Benefits Applications

If you would like application materials for any of the benefits described in the blue Benefits Summary, please complete this form and return it to the Graduate Medical Education Office. Requested forms will be included in your orientation packet.

Name: _____

Additional Benefit Information Requested:

Health

- Delta Dental Insurance (*note basic dental included in all HMO plans*)
- Spectera (*additional vision care*)

Accidental Death & Dismemberment

- Major Medical, Dental, Accidental Death & Dismemberment Insurance (*Epic Life Insurance Company*)
- Accidental Death & Dismemberment Insurance (*Zuirch Insurance Company*)

Life

- Group Term Life Insurance (*Mutual Service Life Insurance*)
- Individual & Family Life Insurance (*Minnesota Life Insurance Company*)

Pre-Tax Programs

- Employee Reimbursement Accounts (ERA)
- Tax-Sheltered Annuity (TSA) /Deferred Compensation Programs

Graduate Medical Education
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