



TOWN OF MAYNARD

MUNICIPAL BUILDING

195 Main Street

Maynard, MA 01754

REQUIRED DOCUMENTS AND INFORMATION TO ENROLL IN HEALTH AND DENTAL INSURANCE COVERAGE

RELATIONSHIP

REQUIRED DOCUMENTATION/INFORMATION

Spouse

Photocopy of city/town issued marriage certificate.
(Photocopies only – no originals please.)

Divorced or Separated Spouses

Photocopy of health insurance provision language from divorce/separation agreement and first page listing names of both parties and signature page showing date of order.
(Photocopies only – no originals please.)

Child Up to Age 26

Photocopy of city/town issued birth certificate (long form listing parents' names), or court order documenting guardianship or adoption papers. (Photocopies only – no originals please.)

All Enrollees

The social security number must be provided on the enrollment form for ALL members enrolling in coverage.