



## **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.