

Human Resources: Forms & Resources

General

[2014 Benefits Program Enrollment/Change Form \(pdf\)](#)

One form to enroll in most benefit programs for employees working 20+ hours per week.

[Affidavit of Domestic Partnership for Benefits Eligibility \(pdf\)](#)

Required to add your Domestic Partner to coverage.

[Statement of Termination of Domestic Partnership \(pdf\)](#)

Required to discontinue your Domestic Partner's coverage.

[Employee/Spouse Work Verification Form \(pdf\)](#)

» [Download alternative format - MS Word](#)

Retirement

[Beneficiary Form for 403\(b\) Defined Contribution Retirement Plan \(pdf\)](#)

Use this form to change beneficiary information for your 403(b) Defined Contribution Retirement Plan with *Transamerica*.

[Beneficiary Form for Defined Benefit Retirement Plan \(pdf\)](#)

Use this form to change beneficiary information for your Defined Benefit retirement benefits.

» [Download alternative format - MS Word](#)

[Retirement Estimate Request Form \(MS Word\)](#)

Use this form to notify Human Resources of your actual retirement date or to request an estimate of your retirement benefit under the Defined Benefit Plan.

Health/Dental

[BCBS-MA Fitness Benefit Reimbursement Form](#)

Application for up to \$150 annual reimbursement for health club/gym membership.

[2014 Health Care Flexible Spending Account \(FSA\) and Health Reimbursement Account \(HRA\) Reimbursement Form](#)

Health Equity application for reimbursement of qualified expenses from flexible spending accounts or health reimbursement accounts.

[2014 Health Savings Account \(HSA\) Reimbursement Form](#)

Health Equity application for reimbursement from HSA accounts.

[Affidavit of Tax Dependent Status \(pdf\)](#)

Required for children over age 19 to determine tax dependent status.

Child/Dependent Care

[Dependent Care Reimbursement Form](#)

Use this form to get reimbursed for dependent care services.

[DC-FSA Worksheet](#)

Use this form to determine how much to deposit into your Dependent Care Assistance Program (DCAP).

[DCS Spouse Work Verification](#)

[Child/Dependent Care Enrollment Form \(pdf\)](#)

Use this form to enroll in the Dependent Care Reimbursement Plan (DCAP)/Dependent Care Subsidy.

Loan Applications

[Employee Education Assistance](#)

Application for employee education tuition reimbursement.

[Application Form for Personal Computer Loan \(pdf\)](#)

The Institution offers interest-free loans from \$300 to \$2,500 for the purchase of a personal computer.

[Application Form for Tuition Loan for Children of Employees \(pdf\)](#)

If you are a regular full-time employee at the Institution, you are eligible for an interest-free loan for the higher education of your children or legal dependents.

» [Download alternative format - MS Word](#)

Related Resources

[Blue Cross Blue Shield of Massachusetts](#)

[Blue Cross Blue Shield Association](#)

General Blue Cross Blue Shield information includes PPO provider directory (useful for out-of-New England members), list of international hospitals (with address and phone numbers).

[Delta Dental of Massachusetts](#)

Last updated: October 3, 2014

Copyright ©2007 Woods Hole Oceanographic Institution, All Rights Reserved.

Mail: Woods Hole Oceanographic Institution, 266 Woods Hole Road, Woods Hole, MA 02543, USA.

E-Contact: info@whoi.edu; press relations: media@whoi.edu, tel. (508) 457-2000

Problems or questions about the site, please contact webdev@whoi.edu