

New Hire
Benefitsolver Profile Setup

First Name:

Middle Initial:

Last Name:

Social Security Number:

Date of Birth:

Address 1:

Address 2:

City:

State:

ZIP:

Email Address:

Are you enrolling in Medical coverage Yes or No

If waiving medical coverage, please provide a copy of your current medical ID

All New Hires who elect medical coverage will be enrolled in the NJ Educators Health Plan.

**Please scan and email completed Benefits paperwork to
ddeinhardt@lakewoodpiners.org**