

# New Hire Benefits Enrollment Form

## Employee Information

First Name

Last Name

Employee ID

Department

Email

Phone Number

Date of Hire

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## Benefit Selection

Medical Plan

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Plan A

☐

Plan B

☐

Waive  
Dental Plan

☐

Plan A

☐

Plan B

☐

Waive  
Vision Plan

☐

Enroll



Waive

Life Insurance



Enroll



Waive

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## Dependent(s) Information

List Dependents (Name, DOB, Relationship)

Example: Jane Doe, 2008-05-04, Daughter

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## Authorization



I confirm that the information provided is accurate and complete to the best of my knowledge.

Signature

Date