

New Hire Benefits Enrollment Form

Employee Information

First Name

Last Name

Employee ID

Department

Email

Phone Number

Date of Hire

Benefit Selection

Medical Plan

Plan A

Plan B

Waive

Dental Plan

Plan A

Plan B

Waive

Vision Plan

Enroll

Waive
Life Insurance

Enroll

Waive

Dependent(s) Information

List Dependents (Name, DOB, Relationship)

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

Authorization

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

Signature

Date
