

Payroll and Benefits Enrollment Form

Personal Information

Full Name

Position/Job Title

Department

Employee ID

Date of Birth

Start Date

Address

Phone Number

Email

Payroll Information

Bank Name

Account Number

SWIFT/BIC/IFSC Code

Tax Identification Number

Payroll Frequency

Select

Benefits Enrollment

Medical Insurance Options

Basic Plan

Premium Plan

Waive Coverage

Additional Benefits

Dental Coverage

Vision Coverage

Life Insurance

Disability Insurance

Primary Beneficiary Name

Emergency Contact

Contact Name

Relationship

Phone

Declaration & Signature

Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.

Signature

Date

