

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

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