

# Voluntary Benefits Enrollment Form

## Employee Information

Full Name

Email Address

Employee ID

Date of Birth

Department

Contact Number

## Benefit Selection

- ☐ Life Insurance   ☐ Dental Insurance   ☐ Vision Insurance   ☐ Critical Illness  
☐ Accident Insurance

## Coverage Level

- ☐ Employee Only   ☐ Employee + Spouse   ☐ Employee + Children   ☐ Family

## Beneficiary Information

Beneficiary Name

Relationship

Beneficiary Contact

## Additional Comments

