

# Dental and Vision Benefits Enrollment Form

## Employee Information

First Name

Last Name

Employee ID

Date of Birth

Email Address

Phone Number

Address

## Enrollment Selection

Dental Plan

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

Vision Plan

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

## Dependent Information

Dependent Name

Relationship

Date of Birth

Dependent Name

Relationship

Date of Birth

**Additional Comments**

Signature

Date