

# Hybrid Work Employee Benefits Enrollment Form

## Personal Information

Full Name

Employee ID

Department

Email

Work Location (Home/Office)

Days Working from Home per Week

## Select Benefits to Enroll

☐ Health Insurance ☐ Dental Insurance ☐ Vision Insurance ☐ Retirement Plan ☐ Remote Work Equipment Stipend ☐ Wellness Program ☐ Other

If Other, please specify

## Additional Notes or Comments