

New Hire Benefits Enrollment Form

Personal Information

First Name

Last Name

Date of Birth

SSN

Address

Email

Phone Number

Employment Information

Position

Department

Date of Hire

Employee ID

Benefit Selection

Medical Plan

Dental Plan

Vision Plan

Dependent Information

Dependent Name

Relationship

Date of Birth

Other Benefits

Life Insurance (Yes/No)

Disability Insurance (Yes/No)

Comments or Questions