

# International Employee Benefits Enrollment

## Personal Information

First Name

Last Name

Date of Birth

Nationality

Email

Phone Number

Home Country Address

Host Country Location

## Employment Details

Employee ID

Job Title

Department

Start Date

Work Contract Type

## Benefits Enrollment

Medical Insurance Plan

Dental Insurance

Vision Insurance

Life & Disability Insurance

Pension/Retirement Plan

# Dependent Information

List Dependents (Name, Relationship, Date of Birth)

## Additional Notes

Special Requirements or Comments