

Cafeteria Plan Benefits Enrollment Form

Personal Information

Full Name

Employee ID

Date of Birth

SSN

Address

Benefit Elections

- ☐ Medical Insurance
- ☐ Dental Insurance
- ☐ Vision Insurance
- ☐ Flexible Spending Account
- ☐ Health Savings Account
- ☐ Dependent Care Account

Coverage Level

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

Dependent Information

Dependent Name

Date of Birth

SSN

Contribution Amounts

FSA Annual Amount

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HSA Annual Amount

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Dependent Care Annual Amount

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Authorization

Signature

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Date

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