Benefit Enrollment Form  
Employee Details  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Benefit Options  
1. Health Insurance  
 - Plan Options: [Basic | Enhanced | Premium]  
 - Coverage Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 - Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
2. Dental Insurance  
 - Plan Options: [Basic | Enhanced | Premium]  
 - Coverage Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 - Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
3. Vision Insurance  
 - Plan Options: [Standard | Comprehensive]  
 - Coverage Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 - Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
4. Retirement Savings Plan  
 - 401(k) Contribution (% of salary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 - Employer Match: [Yes | No]  
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Benefit Enrollment Form  
 - Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Benefits Counseling  
- Date of Counseling Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- Counselor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- Signature of Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Acknowledgement  
I acknowledge that I have been provided with all necessary information regarding my benefits  
options and understand the implications of my selections.  
- Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
- Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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