**Employee Benefits Enrollment Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | | |
| Department: |  | Date of Enrollment: |  |

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | John A. Smith | Employee ID | EMP-2025-014 |
| Job Title | Marketing Executive | Department | Marketing |
| Date of Hire | 01-Jan-2024 | Contact Number | +1 555 234 6789 |
| Email Address | john.smith@company.com | Supervisor’s Name | Sarah Johnson |

**2. Benefits Selection**

| **Benefit Type** | **Provider / Plan Name** | **Coverage Option** | **Employee Contribution ($)** | **Employer Contribution ($)** | **Total Monthly Cost ($)** | **Remarks** |
| --- | --- | --- | --- | --- | --- | --- |
| Health Insurance | BlueCross Basic Plan | Individual | 120 | 180 | =C5+D5 | Selected |
| Dental Insurance | SmileCare Gold | Family | 60 | 90 | =C6+D6 | Selected |
| Vision Insurance | ClearView | Individual | 25 | 25 | =C7+D7 | Selected |
| Life Insurance | LifeSecure | $100,000 Coverage | 40 | 60 | =C8+D8 | Selected |
| Retirement Plan | 401(k) | 5% of Salary | =0.05\*Salary | Employer Match 5% | — | Enrolled |
| Wellness Program | FitPlus | Gym + Nutrition | 15 | 25 | =C10+D10 | Optional |

**3. Beneficiary Information (For Life & Retirement Plans)**

| **Beneficiary Name** | **Relationship** | **Contact Number** | **Percentage (%)** |
| --- | --- | --- | --- |
| Emily Smith | Spouse | +1 555 982 3344 | 100% |

**4. Authorization and Acknowledgment**

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR Representative Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Notes**

* Employees are responsible for verifying all selected plans and contribution amounts.
* Any future changes in coverage must be reported to HR within 30 days.
* Keep a copy of this form for your records.