

Benefits Enrollment & Payroll Adjustment Form

EMPLOYEE INFORMATION

Employee Full Name

Employee ID

Department

Job Title

Date of Hire

Email Address

Phone Number

BENEFIT PLAN SELECTION & PAYROLL DEDUCTIONS

Please select the plans you wish to enroll in or modify, and indicate the corresponding payroll deduction details.

Benefit Plan Type	Coverage Level (e.g., Single, Family)	Enroll / Change	Decline	Employee Deduction (Per Pay Period)
Medical				
Dental				
Vision				
HSA Contribution				
FSA Contribution				
Voluntary Life Insurance				
Retirement / 401(k)				
Other:				

PAYROLL ADJUSTMENT SUMMARY

Total Pre-Tax Payroll Deduction (Per Pay Period)

Total Post-Tax Payroll Deduction (Per Pay Period)

Effective Date of Payroll Adjustment

Pay Period Cycle (e.g., Weekly, Bi-weekly, Monthly)

EMPLOYEE AUTHORIZATION

I hereby authorize my employer to adjust my salary for the options selected above. I understand that these deductions will remain in effect until a new election is submitted, or until my employment or eligibility terminates.

Employee Signature

Date

INTERNAL HR & PAYROLL USE ONLY

Processed By (HR/Payroll Representative Name)

Date Processed

HR / Payroll Representative Signature

Date