

BENEFITS ENROLLMENT

Payroll Deduction Tracking Template

PAYROLL CYCLE / PERIOD

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DATE OF BIRTH

DEPARTMENT

JOB TITLE

DATE OF HIRE

BENEFIT PLANS & PAYROLL DEDUCTIONS

Medical Insurance

Dental Insurance

Vision Insurance

Retirement / 401(k)

HSA / FSA

Life Insurance

Short/Long Term
Disability

Other:

TOTAL PER PAY PERIOD DEDUCTIONS

AUTHORIZATION & ACKNOWLEDGMENT

I hereby authorize my employer to make the above designated pre-tax and/or post-tax deductions from my earnings each payroll period. I understand that these elections cannot be changed during the plan year unless I experience a qualifying life event.

EMPLOYEE SIGNATURE

DATE

HR / PAYROLL REPRESENTATIVE SIGNATURE

DATE