

Employee Benefits and Payroll Enrollment Checklist

Please complete, sign, and return this checklist along with the required enrollment forms to the Human Resources department.

Employee Information

Full Name:

Employee ID:

Job Title:

Department:

Date of Hire:

1. Payroll & Tax Forms

- **Form W-4 (Federal Employee's Withholding Certificate)** - Completed and signed.
- **State Tax Withholding Form** - Completed and signed (if applicable).
- **Direct Deposit Authorization** - Completed with voided check or bank letter attached.
- **Form I-9 (Employment Eligibility Verification)** - Completed with supporting identification documents.

2. Health & Welfare Benefits

- **Medical Insurance Enrollment / Waiver Form** - Selected plan or signed waiver.
- **Dental Insurance Enrollment / Waiver Form** - Selected plan or signed waiver.
- **Vision Insurance Enrollment / Waiver Form** - Selected plan or signed waiver.
- **Group Life Insurance / AD&D** - Beneficiary designation form completed.
- **Voluntary Life / Disability Insurance** - Enrollment or decline indicated.

3. Retirement & Pre-Tax Accounts

- **401(k) / Retirement Plan Enrollment** - Contribution rate and beneficiary designation form completed.
- **Flexible Spending Account (FSA) Election** - Medical and/or Dependent Care election form.
- **Health Savings Account (HSA) Election** - Completed for high-deductible health plan enrollees.

4. Company Policies & Acknowledgements

- **Employee Handbook Acknowledgement** - Signed receipt.
- **Emergency Contact Form** - Completed.
- **Code of Conduct / Confidentiality Agreement** - Signed.

Signatures and Verification

By signing below, I acknowledge that I have received, completed, and returned the forms corresponding to the checked items above.

Employee Signature: Date:

HR Representative Name:

HR Representative Signature: Date: