

# Voluntary Employee Benefits Election Form

This form is used to elect or decline voluntary benefit coverages. Please complete all sections, sign, and return this form to the Human Resources department for processing.

## 1. Employee Information

Employee Full Name: <input type="text"/>	Employee ID: <input type="text"/>
Department: <input type="text"/>	Date of Hire: <input type="text"/>
Email Address: <input type="text"/>	Phone Number: <input type="text"/>

## 2. Benefit Elections

Please indicate your election decision by writing "YES" in the Elect box or "YES" in the Decline box for each benefit. Then, specify your Coverage Level (e.g., Employee Only, Employee + Spouse, Employee + Children, or Family).

Benefit Plan	Elect (Write YES)	Decline (Write YES)	Coverage Level	Estimated Monthly Premium
Voluntary Dental Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary Vision Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary Term Life (Employee)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary Term Life (Spouse/Dependent)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary Short-Term Disability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary Long-Term Disability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary Critical Illness Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary Accident Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. Acknowledgment and Authorization

I hereby authorize my employer to make the necessary post-tax or pre-tax payroll deductions (as applicable) from my earnings to pay for the voluntary benefits I have elected above. I understand that these elections cannot be changed during the plan year unless I experience a qualifying life event.

Employee Signature (Sign after printing):  <hr/>	Date Signed: <input type="text"/>
HR Representative Signature (Sign after printing):  <hr/>	Date Received: <input type="text"/>