

Employment Information Sheet

Employee Information

Full Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name¹: _____

Spouse's Employer: _____ Spouse's Work Phone: () _____

Emergency Contact Information

Full Name: _____

Address: _____

Primary Phone: () _____ Cell Phone: () _____

Relationship: _____

- I have been informed and understand that I have 30 days from my date of hire to enroll in available benefits before Evidence of Insurability may be required.
- I acknowledge that I have been informed and understand that the benefit handbook/SPD/SCB is posted on the Benefits website: www.mycompanysite.com. Printed copies may be requested from the Human Resources Department.

Signature _____

Date _____
