Hometown Financial

# Employee Benefits Selection

## Employee Information

Name

Address:

City/State/Zip Code:

Home Phone: Cell Phone: Work Phone:

Date of Birth: SS#: Email Address:

## Benefit Options

*Please make your selections below:*

- ☐ Medical Plan 1
- ☐ Medical Plan 2
- ☐ Dental Plan 1
- ☐ Dental Plan 2
- ☐ Vision Plan 1
- ☐ Vision Plan 2

Sign below to authorize these selections:

Employee Signature