

# Axiom Staffing Group Benefits Enrollment Form

## Please Tell Us About Yourself

Last Name	First Name	Gender	Social Security Number
Mailing Address	Apt #	City	State & Zip Code
Email	Home/Cell Phone	Date of Hire	Date of Birth MM/DD/YYYY

## Dependent Information

Dependent Name	Date of Birth MM/DD/YYYY	Gender M/F	Relationship	Social Security Number
Dependent Name	Date of Birth MM/DD/YYYY	Gender M/F	Relationship	Social Security Number
Dependent Name	Date of Birth MM/DD/YYYY	Gender M/F	Relationship	Social Security Number
Dependent Name	Date of Birth MM/DD/YYYY	Gender M/F	Relationship	Social Security Number
Dependent Name	Date of Birth MM/DD/YYYY	Gender M/F	Relationship	Social Security Number

## Beneficiary Information (if you selected Term Life Insurance, indicate a Life Insurance Beneficiary below)

Beneficiary Name	Relationship	Home/Cell Phone
------------------	--------------	-----------------

## Rates (Weekly Deduction for Hospital Indemnity, Dental, and Life)

You must enroll in Hospital Indemnity to enroll in Dental Coverage.

	MEC Monthly Deduction	Hospital Indemnity	** Dental Must enroll in Hospital	Life Insurance
Employee	<input type="checkbox"/> \$53.43	<input type="checkbox"/> \$19.37	<input type="checkbox"/> \$4.85	<input type="checkbox"/> Enroll in Life
Employee + Spouse	<input type="checkbox"/> \$77.11	<input type="checkbox"/> \$38.17	<input type="checkbox"/> \$9.44	
Employee + Children	<input type="checkbox"/> \$97.95	<input type="checkbox"/> \$30.86	<input type="checkbox"/> \$10.25	
Family	<input type="checkbox"/> \$128.63	<input type="checkbox"/> \$45.65	<input type="checkbox"/> \$15.84	
<b>Check Here to Decline All Coverages</b>			<input type="checkbox"/>	

Life Insurance  Tobacco Use  Non Tobacco Use

## Employee Signature

Signature of Employee	Date
-----------------------	------

By signature- I authorize my employer to deduct the selected amount from my paycheck.

Once the application is complete, email it to [kdunn@firststaffbenefits.com](mailto:kdunn@firststaffbenefits.com)