



## 2026 Benefits Enrollment Form

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date of Requested Enrollment: 1-1-2026  
Employment Status: ☐ Full time ☐ Part time

### 2026 Benefit Elections:

Please keep my elections the SAME for 2026 ☐

Please make changes to my coverage for 2026 ☐  
(See enclosed applications)

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HSA Deduction effective 1/1/2026:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SIGN AND RETURN ORIGINAL ENROLLMENT FORMS TO SUE VITO

**ENROLLMENTS MUST BE RECEIVED BY November 15, 2025.**