

Employment Benefits Confirmation

Date:

Employee Name:

Employee ID:

Department:

Confirmed Benefits

- ☐ Health Insurance
- ☐ Dental Insurance
- ☐ Vision Insurance
- ☐ Retirement Plan
- ☐ Paid Leave
- ☐ Other:

Employee Acknowledgement

I confirm that the above benefits have been explained to me, and I understand my rights and responsibilities regarding these benefits.

Employee Signature:

Date:

HR Confirmation

HR Representative:

Signature:

Date: