



New Hire / Enrollment Form

Baris Benefits Group

Employer _____

Full Name _____

Date of Birth _____

Social Security Number _____

Sex _____

Marital Status _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____

Salary _____

Hourly Weekly Monthly Yearly

Hours Worked Per Week _____

Hire Date _____

Please email completed form to office@barisbenefits.com