



Employee Authorization Form for Benefit Enrollment

I, _____, authorize my legal spouse, _____ to complete my new hire benefit enrollment for Roehl's benefit plans. I understand my elections cannot be changed until the next Open Enrollment period unless I experience a qualified life event.

Employee's Name (Print)

Employee's Signature

Employee's Telephone Number

Employee's ID Number or Last 4 SSN

Today's Date

Please return form to the Pay and Benefit Services Department

Email: benefits@roehl.net

Fax: 715-591-1942