

EMPLOYEE INFORMATION



Lead IT Corporation
 1999 W. Wabash, STE 210
 Springfield, IL
 62704
 Phone: 217-726-7250
 Fax: 801-705-2524
www.leaditgroup.com

Date:	New	Revised
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First:	Last:	MI:	
Street:	City:	State: Zip:	
Home Phone:	Cell Phone:	S.S.N.:	D.O.B.:

Email Address: [Redacted]

Employment(Office Use Only)	Emergency Contact Information
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Job Title:	Name (1):
F/T P/T Salary: Hourly Yearly	Street: City/State:
Start Date:	Zip: Home Phone:
H1B Effective: H1B Expiration:	Work Phone: Relationship:

Work Location	Emergency Contact Information
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Company Name:	Street: City/State:
Zip: Home Phone:	Work Phone: Relationship:
Street: City/State	Work Phone: Relationship:
Zip: Work Phone:	

Work Email Address:	Benefit Coverage(Check All That Applies)
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Comments:

Coverage	Employee	Family	Spouse	Child
Health				
Dental				
Life*				
Waived				

*Life coverage is ONLY for Employees who are electing to enroll in Medical Coverage. Life ONLY applies to the Employee.