

Employee Benefits Policy Manual

Effective Date: _____

Last Reviewed: _____

1. Purpose

This Employee Benefits Policy Manual provides an overview of the benefits available to eligible employees and outlines the procedures for enrollment, eligibility, and claims.

2. Scope

This policy applies to all eligible employees of [Company Name]. It does not extend to contractors, consultants, or temporary staff unless otherwise stated.

3. Eligibility

- Full-time employees: Eligible after ___ days of continuous employment.
- Part-time employees: May be eligible for certain benefits as specified.
- Dependents: Defined as spouse, domestic partner, and/or children under ___ years of age.

4. Benefits Overview

Benefit	Eligibility	Coverage Start
Health Insurance	Full-time employees	First of the month after ___ days
Dental Insurance	Full-time employees	First of the month after ___ days
Life Insurance	Full-time employees	After ___ days of employment
Retirement Plan	Full-time & part-time employees	After ___ days of employment
Paid Time Off (PTO)	All employees	Accrual starts on hire date

5. Enrollment & Administration

- Employees must enroll within ___ days of eligibility date.
- Changes can be made during annual open enrollment or upon qualifying life events.
- Documentation may be required for dependents.

6. Leave of Absence

- Medical Leave:** Eligible per applicable law and company policy.
- Family Leave:** Refer to Family and Medical Leave Act (FMLA) provisions, if applicable.
- Bereavement Leave:** ___ days per occurrence.

- **Jury Duty:** Paid/unpaid as per company policy.

7. Policy Changes

[Company Name] reserves the right to modify, add, or terminate any benefit plan or policy at its sole discretion, with or without notice, subject to applicable laws.

8. Contact

For questions regarding employee benefits, contact the Human Resources department at [Contact Information].

9. Acknowledgement

I acknowledge that I have received, read, and understand the Employee Benefits Policy Manual. I understand that it is my responsibility to seek clarification if I have any questions.

Employee Signature: _____ Date: _____