



NOTIFICATION OF ENROLLMENT

NOE

To be completed by Association for enrolling Participant to the Fund. A Designation of Beneficiary (B1) form must also be completed by the Participant and submitted to the Fund. Please provide Participant with a B1 form.

I. Participant Information

Participant Name (First, Middle, Last), Social Security Number, Home Address (Street, City, State, Zip), Date of Birth (MM/DD/YYYY), Sex (Female/Male), Marital Status (Single/Married), Home Phone Number, Work Phone Number, Cell Phone Number, E-mail.

II. Employment-Eligibility Information

Initial Date of Hire (MM/DD/YYYY), Work Status (Full-Time/Part-time/Seasonal/On-Call), Has Employee previously worked for this YWCA or any other YWCA? (Yes/No), Location (City/State/Zip), From (initial date of hire) to (last day of work), Was Employee a past participant in the Fund? (Yes/No), Hours Worked (Year 1-12-month period, Year 2-12-month period), Total Number of Hours per 12-month period, Date of Participation (MM/YYYY).

III. Association Authorization

Name of Association, Phone Number, Address of Association, Fax Number, E-mail, TO BE SIGNED BELOW BY EXECUTIVE DIRECTOR OR AUTHORIZED REPRESENTATIVE (NOE for Executive Director must be signed by Board President), Name, Title, Signature, Date.

For Fund Use Only: Participation Date, Approved By, Assn. #