



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, Date of Birth, Sex, Marital Status, Home Address, Home Phone Number, Work Phone Number, Cell Phone Number, E-mail

II. Employment-Eligibility Information

Initial Date of Hire, Work Status, Has Employee previously worked for this YWCA or any other YWCA?, Location, From, to, Total Number of Hours per 12-month period, Hours Worked, Date of Participation

III. Association Authorization

Name of Association, Address of Association, Phone Number, Fax Number, E-mail, TO BE SIGNED BELOW BY EXECUTIVE DIRECTOR OR AUTHORIZED REPRESENTATIVE, Name, Title, Signature, Date

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