

NOTIFICATION OF ENROLLMENT

NOE

To be completed by Association for enrolling Participant to the Fund.

A <u>Designation of Beneficiary</u> (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)	Date of Birth: Sex:□Female □Male
Home Address (Street)	(Month/Day/Year)
(City State Zip)	Marital Status: Single Married
Home Phone Number: (area code)	Vork Phone Number: (area code)
Cell Phone Number: (area code)	E-mail:
II. Employment-Eligibility Information	
Initial Date of Hire: Work Status: Full-Time Part-time Seasonal On-Call	
Has Employee previously worked for this YWCA or any other YWCA? ☐ Yes ☐ No	
Completion may establish If yes: Location:	State Zip
additional benefits for the From: initial date of hire to	•
employee	
Was Employee a past participant in the Fund?	Yes No Total Number of Hours
Hours Worked: (Include, on a separate sheet, all non-qualifying years and hours) per 12-month period:	
➤ Year 1- (12-month period): Initial date of hire (Month/Day/Year) thru (Month/Day/Year) = Total number of hours	
➤ Year 2- (12-month period): thru =	
➤ Please indicate previous calendar year W-2 earnings:	
> The Department of Labor Regulations state that if you are unable to supply us with an accurate account of hours worked, then the <u>Equivalency Rule</u> will apply. 190 hours will be applied for each month an Employee works one hour.	
> Use reverse side if additional space is needed.	
Date of Participation: (If the initial date of hire is any day other than the 1 st , then the date of participation will be the 1 st of the following month)	
If you need assistance with this Section, please call the Fund	
III. Association Authorization	
Name of Association:	Phone Number:(area code)
Address of Association:	Fax Number: (area code)
(Street City	State Zip) E-mail:
TO BE SIGNED BELOW BY EXECUTIVE DIRECTOR OR AUTHORIZED REPRESENTATIVE	
(NOE for Executive Director must be signed by Board President)	
Name: T	itle:
Signature:	Date:
(You are verifying the above information)	
For Fund Use Only: Participation Date:	Approved By: Assn. #:

Rev. 06/2013