



RETURN TO EMPLOYMENT NOTICE

REN

To be completed by Association and submitted to the Fund when:

- A Participant in the Fund who has been on an unpaid leave of absence and then returns to work
- A former Participant of the Fund is re-employed

A Designation of Beneficiary (B1) form must also be completed by Participant and submitted to the Fund

I. Participant Information

Participant Name (First Middle Last)			Social Security Number					
Home Address (Street)			Date of Birth: _____ <small>(Month/Day/Year)</small>			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
(City State Zip Code)		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married			Please provide Participant with a B1 form to be submitted to the Fund.			
Home Phone Number: <small>(area code)</small> _____			Work Phone Number: <small>(area code)</small> _____					
Cell Phone Number: <small>(area code)</small> _____			E-mail: _____					
Name of Former Employing Association: _____								

II. Association Authorization

Name of Association: _____ Phone Number: (area code) _____

Address of Association: _____
(Street City State Zip) Fax Number: (area code) _____

E-mail: _____

Date of Leave/Termination of Employment: _____
Month/Day/Year First pay date upon re-employment: _____
Month /Day/Year

Date Return to Active Employment: _____
Month/Day/Year Covering payroll period _____ to _____
From Date Thru Date

Contributions to the Fund must commence as of the re-employment date

TO BE SIGNED BELOW BY EXECUTIVE DIRECTOR OR AUTHORIZED REPRESENTATIVE
(REN for Executive Director must be signed by Board President)

Name: _____ Title: _____
(Please print or type)

Signature: _____ Date: _____
(You are verifying the above information)

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