

To be completed by the association. A Designation of Beneficiary (B1) form must also be completed and submitted by the participant. (1/2)

I. Participant Information

First Name			Middle Name			Last Name		
Street Address			Apt.	City		State		Zip
Date of Birth (MM/DD/YYYY) ()			Social Security Number: ()					
Home Phone			Work Phone			Email Address		
Birth Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married					
Gender Identity (optional) _____			Pronouns (optional) _____					

II. Employment Eligibility Information

Initial Date of Hire: _____ Work Status: Full-Time Part-Time Seasonal On-Call
(MM/DD/YYYY)

Completion may establish additional benefits for the employee:

Has Employee previously worked for this YWCA or any other YWCA? Yes No

If Yes: Location _____
City State Zip

From _____ - _____
Initial Date of Hire (mm/dd/yyyy)

Was Employee a past participant in the Fund? Yes No

Hours Worked:

Include, on a separate sheet, all non-qualifying years and hours

Total Number of Hours per 12-month period:

Year 1:	_____ - _____	_____
12 Months	Initial Date of Hire (mm/dd/yyyy)	<i>Example: 500.00</i>
Year 2:	_____ - _____	_____
12 Months	(mm/dd/yyyy) (mm/dd/yyyy)	<i>Example: 500.00</i>

The Department of Labor Regulations state that if you are unable to supply us with an accurate account of hours worked, then the *Equivalency Rule* will apply. 190 hours will be applied for each month an Employee works one hour.

Use reverse side if additional space is needed.

Please indicate previous calendar year W-2 earnings: \$ _____
Amount

Date of Participation: _____
(MM/DD/YYYY)

(If the initial date of hire is any day other than the 1st, then the date of participation will be the 1st of the following month.)

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III. Association Authorization

Name of Association _____		Association (Include City and State) _____	
()	()	_____	
Association Phone	Association Fax	Association Email	

To be signed by CEO/Executive Director or authorized representative.
(NOE for CEO/Executive Director must be signed by Board President)

_____	_____
Name	Signature
_____	_____
Title	Date

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