

To be completed by the association. A Designation of Beneficiary (B1) form should 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)

Example: 500.00

Year 2: _____
12 Months (mm/dd/yyyy) (mm/dd/yyyy)

Example: 500.00

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

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

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.

(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.

Name _____	Signature _____
Title _____	Date _____

For Fund Use Only:

Assn #: _____ Approved By: _____ Date: _____