ywcarf
Building security since 1925

Return to Employment Notice REN

To be completed by the association when:

A participant in the Fund who has been on an unpaid leave of absence then returns to work.

A former participant of the Fund is re-employed. A Designation of Beneficiary (B1) form must also be completed by the participant and submitted to the Fund.

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: ☐ Female ☐ Male

Marital Status: ☐ Married ☐ Not Married

Name of former employing association

Gender Identity (optional)

Pronouns (optional)

II. Association Authorization

Name of Association

Association Address (Include City and State)

( ) Association Phone

( ) Association Fax

Association Email

Date of Leave/Termination

First Paycheck Date Upon Re-Employment *(MM/DD/YYYY)*

Date of Return to Active Employment

Covering Payroll Period: From – To

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: Participation Date: _____ Approved By: _____ Assn. # _____

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