

To be completed by the association when:

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

A former participant of the Fund is re-employed. A Designation of Beneficiary (B1) form should 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: <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Not Married		Gender Identity (optional)	
Name of former employing association				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.

Name	Signature
Title	Date

For Fund Use Only:

Participation Date: Approved By: Assn. #