

Employee Enrollment Waiver Form

Please return this form to your Human Resources/Plan Administrator office after completing.

EMPLOYEE INFORMATION

Employer Name

____ - ____ - ____
Hire Date

____ MI ____
First Name Last Name

Address

____ City ____ State ____ Zip Code

____ - ____ - ____ Home Phone

____ - ____ - ____ Cell Phone

Email

____ - ____ - ____ Social Security Number

Single Married Marital Status

____ - ____ - ____ Date of Birth

ENROLLMENT WAIVER AND SIGNATURE

I do NOT wish to participate in the retirement plan at this time: _____ Initial Here

Completion of the Employee Information section above is still required.

▶ _____
Signature of Employee

____ - ____ - ____
Date (month | day | year)