



Employee Enrollment Waiver Form

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

1. EMPLOYEE INFORMATION

Employer Name _____ Hire Date - -

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone - -

Home Phone - -

Email _____

Social Security Number - -

Marital Status Single Married

Date of Birth - -

2. 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.

Employee Signature

Date Signed (month | day | year) - -

Signatures must be certified electronic or wet. TYPED SIGNATURES WILL NOT BE ACCEPTED