

Savings Banks Employees Retirement Association

DB PLAN APPLICATION FOR NON-RESPONDING ELIGIBLE PARTICIPANTS

The Employee named below is eligible for membership in the Savings Banks Employees Retirement Association (SBERA) Defined Benefit Plan and has not returned the New Membership Application. This form is notification to SBERA of the participant's eligibility.

SECTION 1 Employer Information To be completed by the employer as completely as possible	1. Name of Employee:		2. SBERA Certificate No. (TO BE ASSIGNED):	
	3. Employer Name:		4. SBERA Employer Number:	
	5. Date Hired (MM/DD/YY)	6. Is <u>Service Worksheet</u> Attached? ___ YES	6. ___ NO. The employee is entering the Plan upon the first anniversary of hire and completion of 1,000 hours of service.	
7. Has Employee ever worked for another participating SBERA Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes - Complete the following: Name(s) of SBERA Employer(s): _____ Exact Dates of Employment From _____ To _____ From _____ To _____ Was Employee a SBERA Plan Participant? <input type="checkbox"/> No <input type="checkbox"/> Yes-Certificate No. _____ 8. Participant's Compensation as defined by your Employer, from date of hire to the September 30 th immediately preceding this Application \$ _____ Dates covered by Comp : _____				
SECTION 2 Employee Information To be completed by the employer as completely as possible	9. Date of Birth (MM/DD/YY)	10. Age at last Birthday (Mo., Day, Yr.)	11. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	12. Social Security Number _____ - _____ - _____
	13. Address (Street, City, State, Zip Code) _____ _____			
	14. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married - Spouse's Name _____ Birthdate _____ Spouse's Social Security No. _____ - _____ - _____			
I, the undersigned Employer Representative, certify that this participant has met all eligibility requirements, has been given forms to enroll into the above named SBERA Plan, and has not returned said forms as requested by the Human Resource Department. Employee became eligible to participate as of (date): _____ Signed _____ Date _____ Please print name here _____				

NOTE: If an employee returns the W-2 form after this form has been submitted please forward the W-2 form to SBERA indicating that the W-2A form was previously sent.

SBERA: REC'D _____ ENT'D _____ INITIALS _____