Savings Banks Employees Retirement Association

401(k) Plan Application for Non-Responding Eligible Participants

The Employee named below is eligible for membership in the Savings Banks Employees Retirement Association (SBERA) 401(k) Plan and has not returned the Membership Application. This form is notification to SBERA of the participant's eligibility.

Section 1 - Employer Information

1. SBERA Member Name		2. SBERA Member Plan No.
3. Employee Name		4. SBERA Certificate No. or SSN
5. Date Hired	6. No of Years of employment with you with 1,000 or more hours of service	7. No. of Years of employment with you to be credited toward vesting (if applicable)

8. Has the employee ever worked for another participating SBERA Employer?

☐ No

☐ Yes – Complete the following:

Name(s) of SBERA Employer(s): Exact Dates of Employment

_____ From _____ To _____

_____ From _____ To _____

Was Employee a SBERA Plan Participant?

☐ No

☐ Yes – Certificate No. _____

Section 2 - Employee Information

9. Date of Birth	10. Age at last Birthday (Mo., Day, Yr.)	11. Sex ☐ Male ☐ Female	12. Social Security Number _____-_____-_____

13. Address (Street, City, State, Zip Code)

_____

_____

14. Martial Status

☐ Single

☐ 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 Resources Department.

Employee became eligible to participate as of (date): _____

Signed _____ Date _____

Please print name here

DO NOT SUBMIT FORM K-1 TO SBERA SUBMITTING FORM K-1A: The participant must make investment election changes on the Voice/Web and beneficiary information on form K-3.

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

K-1A (09-04)