

PLEASE PRINT OR TYPE

PARTICIPATION WAIVER FORM

Name _____ SSN ____/____/____

Address _____

City _____ State _____ Zip _____

Phone _____ Gender _____ Date of Birth _____

Most recent Date of Diocesan Hire _____

If previously employed with the Diocese, please complete an Employment Record Form.

By signing this form, I elect NOT to participate in the above plan at this time and I understand the following:

- **I understand that by signing this form I will NOT receive a pension benefit from the Diocese upon leaving the employment of the Diocese.**
- I understand that any contributions that may have been withheld from my paychecks prior to the receipt of this form, will be refunded to me through payroll provided that this form was submitted within 60 days of my date of hire.
- Under IRS guidelines, if you are eligible to participate in this plan but do not do so because you elect not to make the required contribution, you are still considered an active participant in the plan. Therefore, your W-2 will reflect your status as active and your ability to establish an IRA may be affected. We advise you to consult your tax accountant.

→ **Employee Signature** _____ **Date** _____
(Do not print)

THIS FORM MUST BE RECEIVED BY YOUR PAYROLL DEPARTMENT WITHIN 60 DAYS OF YOUR DATE OF HIRE. AFTER SUCH DATE YOU MUST CONTACT NYHART (1-800-428-7106) IN ORDER TO WITHDRAW FROM THE PLAN.

For Office Use Only

Parish/School _____

Employee ID/File Number _____

→ **Verified By** _____ **Date** _____
(Plan Representative or Payroll Dept)