

PLEASE PRINT OR TYPE

PARTICIPATION ELECTION 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 understand the following:

- I elect to participate in the above referenced plan.
- I agree to make contributions equal to 3 ½% of my gross wages to the plan by automatic payroll deduction, effective November 1, _____.

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

MUST BE RECEIVED BY YOUR PAYROLL DEPARTMENT PRIOR TO NOVEMBER 1ST

For Office Use Only

Parish/School _____

Employee ID/File Number _____ Hours Worked Per Week _____

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