

NOTICE OF CHANGE/NEW PARTICIPANT ENROLLMENT

Return this form to: Christian Brothers Employee Retirement Plan Location No. _____
1205 Windham Parkway
Romeoville IL 60446-1697

SECTION I: EMPLOYEE DATA

Name of Employer _____ City/State _____

Employee Last Name _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

Soc. Sec. No. _____ Sex _____ Date of Birth _____

Marital Status _____ Spouse Name _____ Spouse's Date of Birth _____

SECTION II: NEW EMPLOYEE-FULL-TIME (20 hours or more per week)

Date of Hire _____ Date Eligible to Participate _____
(20 hours or more)

SECTION III: AFTER ENROLLMENT CHANGE IN STATUS

CODE DESCRIPTION

- (1) Termination
- (2) Address/Name Change
- (3) Death
- (4) Retirement
- (5) Leave of Absence (Without Pay)
- (6) Return from Leave of Absence
- (7) Disability
- (8) Other (Specify)

CODE DATE EFFECTIVE

CODE	DATE EFFECTIVE
Date of Final Paycheck	

Date Signed _____ Signature of Employer _____

Position: _____