

****NOTE – HIGHLIGHTED FIELDS MUST ALWAYS BE COMPLETED**

EMPLOYEE INFORMATION SHEET to REPORT:

☐ New Hire ☐ Change of Information ☐ Termination ☐ Rehire

This form is to be used to report information for **all new employees** (even though they may not appear to be eligible to participate in the Plan). Also use this form to report an employee's change of address, status changes and terminations.

PLAN NAME:

REQUIRED INFORMATION FOR A NEW OR A REHIRED EMPLOYEE:

EMPLOYEE'S NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER **HOME** _____ **WORK** _____

E-MAIL ADDRESS **HOME** _____ **WORK** _____

SEX M ☐ F ☐ **SOCIAL SECURITY NUMBER** _____ **CHURCH/LOC:** _____

MARITAL STATUS ☐ Single ☐ Married ☐ Divorced ☐ Widowed _____

DATE OF BIRTH _____

REHIRED? ☐ No ☐ Yes, IF YES - REHIRE DATE _____ Years of Vesting _____

ORIGINAL HIRE DATE: _____ **ORIGINAL ENTRY DATE:** _____

For new hires: PROJECTED ENTRY _____

ELIGIBLE: ☐ More than 20 hrs/week ☐ Less than 20 hrs/week

TERMINATION STATUS INFORMATION:

☐ TERMINATION DATE _____ ☐ RETIREMENT DATE _____

☐ DISABLED ON _____ ☐ DEATH ON _____

COMPENSATION PAID THROUGH _____

FINAL CONTRIBUTION WAS OR WILL BE SUBMITTED ON _____

HOURS WORKED THROUGH EVENT DATE ☐ Less than 500 ☐ 500-1000 Hrs ☐ Over 1000 Hrs

SIGNATURES

Authorized Signature for Employer

Date

Please send or fax to

**Bravera Wealth, 401 N 4th St, STE 301, Bismarck, ND 58501 Phone
701-456-3386 or 1-888-872-4826 Fax # 701-355-4822**