

5. SIGNATURES (SIGN, DATE, AND SUBMIT THE COMPLETED FORM TO YOUR PLAN SPONSOR)

Employee Signature: _____ Date: MM/DD/YYYY _____

Authorized Plan Sponsor Official's Signature: _____ Date: MM/DD/YYYY _____

Authorized Plan Sponsor Official's Name and Title: _____ Date: MM/DD/YYYY _____

SUBMIT THE COMPLETED WORKSHEET TO YOUR PLAN SPONSOR. RETAIN A COPY FOR YOUR RECORDS.

For Plan Sponsor Use Only:

Employee ID: _____ Hire Date: MM/DD/YYYY _____

Rehired? Check if Yes

Rehire Date: MM/DD/YYYY _____ Original Hire Date: MM/DD/YYYY _____ Leave Date: MM/DD/YYYY _____