

MOUNT HOLYOKE

Human Resources Department Employee Application For The Cash Balance Pension Plan Membership

Please Print All Information

Participant Information

Name _____

Last

First

Middle

Mailing Address _____

Number Street

Apartment Number

City/Town

State

Zip Code

Sex _____ Date of Birth _____ Marital Status _____ Social Security # _____

M F

/ /
Mo. Day Year

M S

Salary _____ Date of Hire _____ Date in Plan _____

Designation of Beneficiary

Must be completed by all applications

Spouse's Name _____

I understand that my participation under this retirement plan is subject to the Employee Retirement Income Security Act of 1974(ERISA), as amended, and my right to name a beneficiary for the Death Benefit is subject to my spouse's right, if any, to a qualified pre-retirement survivor death benefit. **The retirement plan is subject to ERISA. If you are married and are at least 35 years of age, and you want to waive your spouse's right to a pre-retirement survivor death benefit as required by federal law (ERISA), please see attached form.**

Primary Beneficiary(ies)(Class I)

Name	Relationship to me	Date of Birth	Soc. Sec. Number

Contingent Beneficiary(ies)(Class II)

Name	Relationship to me	Date of Birth	Soc. Sec. Number

Signatures

Signature of Participant

Date

Signature of Human Resources Representative

Date

Revised 8/04