

ARCHDIOCESE OF CINCINNATI LAY EMPLOYEES PENSION PLAN

INFORMATION FORM

PLEASE SEE NOTE BELOW

THIS FORM MUST BE SIGNED BY THE PARTICIPANT AND EMPLOYER.

Employee Name: _____	Social Security #: _____
Former Name (if changed): _____	Date of Birth: _____
Address: _____ _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Status: <input type="checkbox"/> New Employee <input type="checkbox"/> Change
Phone: _____	
Termination Date: _____	Date of Full-Time Employment: _____
Change of Address: _____	
Transfer Location: From: _____	To: _____
Date: _____	Signature of Participant: _____

Employer Certification: I hereby certify the participant named on this form is an **ELIGIBLE EMPLOYEE** as defined below:

An **ELIGIBLE EMPLOYEE** means a Lay Employee of the Archdiocese or a participating Archdiocesan Employer who is employed in a permanent position on a full-time basis. A full-time Employee refers to an Employee who works at least 20 hours per week or, in the case of a Teacher, at least 12 classroom hours a week. A Teacher means a board-certified individual with primary instructional control of the classroom (thereby excluding Teacher's Aides).

Date: _____	Signature: _____
	Title: _____
Employer No. _____	Employer Name: _____

PLEASE NOTE – If you have never worked for an Archdiocese of Cincinnati employer, this form will determine your new employer's liability to the Lay Employee Pension Plan only. You will not receive any benefits from this Plan.

If you have previously worked for an Archdiocese of Cincinnati Employer, this form will help determine whether **credit for months of service only** will be granted for purposes of meeting the five years vesting requirement of the Lay Employees Pension Plan.

ATTENTION EMPLOYERS

This new Information Form replaces the Enrollment Form for all ELIGIBLE employees. Although the Lay Employees Pension Plan has been frozen, employers are still required to pay contributions on every ELIGIBLE employee, including ELIGIBLE employees hired after January 1, 2011. UMR requires a completed Information Form for every new, ELIGIBLE employee.

Please keep a copy of this form in your records and make copies for employees as necessary.

Completed forms are to be returned to UMR, ATTN: Jennifer Fights, 230 Lexington Green Circle, Suite 400, Lexington, KY 40503. If you have any questions regarding this change, please call 888-640-1700 or 859-226-1774.