DIOCESE OF PALM BEACH PENSION PLAN ENROLLMENT

CHECK ONE: ☐ SISTERS ☐ REL. ORDER PRIEST ☐ LAYMAN ☐ PRIEST

EMPLOYEE NAME _____ SS # _____
Last First Middle

ADDRESS _____ CITY _____ ZIP _____

MARITAL STATUS ___ SINGLE ___ MARRIED ___ DIVORCED ___ WIDOWED DATE OF BIRTH _____ SEX ___ MALE ___ FEMALE

DIO. ENTITY _____ NUMBER _____ CITY _____

DATE OF HIRE _____ Hours to be worked per week _____

If above is a Parish, is participant employed by the school? ☐ YES ☐ NO

Is above employee being rehired? ☐ YES ☐ NO

If employee has been previously employed by another Diocese, Diocesan Parish or Institution, give name of Diocese Parish or

Institution, _____ City _____ , and

date of previous employment, from _____

SIGNATURE _____
Employee

SIGNATURE _____
Pastor/Administrator

Please note: Keep White & Yellow for your files.
Employee - Pink.
Send hard copy to Pension Office.

TERMINATION DATE _____