

**ERP NOTICE OF CHANGE/NEW PARTICIPANT ENROLLMENT**  
(To Be Completed By Employer)

Return this form to:  
 Christian Brothers Retirement Services  
 1205 Windham Parkway  
 Romeoville, IL 60446-1679  
 Fax: 630-378-2507  
 E-mail: rpscustomerservice@cbservices.org

Location No. \_\_\_\_\_

Employer Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Section 1 - Employee Data**

Employee Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ (check if new)

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

M

F

Marital Status: (Circle One)

Single    Married    Widowed    Divorced

Spouse's Name : \_\_\_\_\_

Spouse's DOB: \_\_\_\_\_

Spouse's SS#: \_\_\_\_\_

**Section 2 - New Employee Eligibility**

Date of Hire: \_\_\_\_\_

Part-Time \_\_\_\_\_ (Check one)  
(Less than 20 hrs)

Full-Time \_\_\_\_\_  
(20 hrs or more)

Probationary Period: \_\_\_ Yes \_\_\_ No    If Yes # of months:    1    3    6    9    1 yr (circle one)

Date Eligible to Participate (20 hours or more): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Mo)    (day)    (year)

**Section 3 - Change of Status After Enrollment**

Enter Code No.  
(select from descriptions below):

Effective Date:  
(last date worked)    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mo)    (day)    (year)

Last Pension Report to appear on: (MM/YY)

Code No:

Code Description:

- 1 Termination From Plan
- 2 \_\_\_\_\_ Address \_\_\_\_\_ Name Change (check applicable item)
- 3 Death
- 4 Retirement
- 5 Leave of Absence (Without Pay)
- 6 Return from Leave of Absence
- 7 Disability
- 8 Transfer
- 9 Rehire
- 10 Other (please specify): \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **/Phone #:** \_\_\_\_\_

**FORM MUST BE SIGNED BY EMPLOYER**