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

Return this form to:	Location No.	
Christian Brothers Retirement Services 1205 Windham Parkway Romeoville, IL 60446-1679 Fax: 630-378-2507 E-mail: rpscustomerservice@cbservices.org	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 _____ (Less than 20 hrs) (Check one) 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