



ARCHDIOCESE OF NEW YORK

INFORMATION FORM FOR TEMPORARY EMPLOYEES AND EMPLOYEES OF PARTICIPATING INSTITUTIONS SCHEDULED TO WORK LESS THAN 30 HOURS PER WEEK

Note: Please return your completed form to your Local Benefits Administrator within 30 days of your date of hire.

Please indicate the reason you are completing this form:

☐ New Hire ☐ Work Hours Change ☐ Update Salary ☐ Name Change ☐ Address Change ☐ Other _____

Effective Date: _____

☐ Institution Transfer: From _____ To _____ Effective Date: _____

MEMBER INFORMATION

Last Name _____ First Name _____ MI _____

Social Sec. # _____ - _____ - _____ Date of Birth ____/____/____ Gender: ☐ Male ☐ Female

Home Address: _____ Apt. No. _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email Address _____

Occupation _____

Covered by Collective Bargaining Agreement: ☐ Yes ☐ No Date of Hire ____/____/____

Regular Weekly Work Hours _____ Salary \$ _____ Eligible to work in the U.S.: ☐ Yes ☐ No

All information provided is complete and true to the best of my knowledge. Knowingly submitting false information with intent to defraud may constitute a fraudulent act under applicable law, which may subject a person to civil or criminal penalties.

Employee/Participant Signature (Required): _____ Date: _____

EMPLOYER INFORMATION

Institution Name _____ Inst. # _____ Dept. # _____ Division Code _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Employer's Signature (Required): _____

Employer's Print Name (Required): _____ Date: _____

Administrators: Please send completed form to Employee Benefit Connections at ebc@archny.org. For any questions or further assistance, please call 1-646-794-3060.

Regional Schools: Send completed form to your local HR Coordinator.