



**National Electrical 401(k) Plan
NEW PARTICIPANT ENROLLMENT FORM**

Name _____

Address _____

City State Zip

Phone Number _____

Email Address _____

SSN _____ **DOB** _____

Deferred Contribution Elections	<input type="checkbox"/> % of Gross Wages	<input type="checkbox"/> Specified Amount Per Paycheck	Payroll Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
	<small>(Only whole percentages permitted if % of Gross Wages selected)</small>			<input type="checkbox"/> Bi-Weekly	
	_____		Rate Per Hour Worked	_____	

Current Employer _____

Address _____

City State Zip

Phone _____ **Email** _____

Union Affiliation IBEW Member Other Union Participant Non-Bargaining Participant

Union/Local Name _____ **Union/Local Phone Number** _____

Date of Hire _____ **Marital Status** Married Single

I confirm the information above is accurate to the best of my knowledge. I wish to enroll in the National Electrical 401(k) Plan. By providing my consent, I agree to the rules and conditions as set forth by the National Electrical 401(k) Plan.

Signature _____ **Date** _____

IMPORTANT: Please remit a copy of this form to both your current employer and Plan Administrator at the address below. Please allow 7-10 business days for processing. Once enrollment is confirmed, proceed to the plan website (www.nefp.org) to view your investment activity. If you need assistance or have questions about the enrollment process, please contact our office.

IBEW NEFP
PO Box 99433
Troy, MI 48099
Phone: (888) 292-6406
Fax: (248) 721-9679
Email: nefpmembers@benesys.com

