

2019 Employee Data & Benefits Eligibility

New or Change (indicate changes on form with \checkmark in boxes as appropriate)*

**This form updates an employee’s personal information and benefits eligibility.
 To make changes to payroll figures please submit the Payroll Authorization form**

EMPLOYEE INFORMATION (please respond to all items)

TEC USA Clergy? *circle*: Yes or No - If YES indicate preferred salutation: The Rev, Father, Mother, other: _____

Legal Name (last, first): _____ SS# or TIN: _____
If changing name please provide former name in parenthesis

Date of Birth: _____ Gender: _____ Preferred Ph:(_____)

Preferred Mailing Address: _____

City, State, Zip: _____

Personal Email: _____ Work Email: _____

Marital/Partner Status (*circle one*): Single Married State Registered Domestic Partners Divorced Widowed

(Spouse data required for retirement or pension eligible employee): Spouse’s Name (last, first): _____

Date of Marriage: _____ Spouse’s DOB: _____ Spouse’s SS# or TIN: _____

EMPLOYER PROVIDED INFORMATION (please respond to **all** items)

Employment Status:

Temporary (hired for less than 90 days = no benefits) Permanent (hired for longer than 90 days = benefits as outlined below)

Employee is scheduled to work an average of:

Submit appropriate enrollment forms within 30 days of hire or qualifying event date/status change. All benefits begin first of the mo following date of hire or change of status date, if hire date is first of the month coverage begins immediately. There are no waiting periods permitted for benefits or retirement plan eligibility

Circle One Less than 20hrs/week <small>(Option for retirement plan funded by employee contributions only)</small>	20 - <30 hrs/wk <small>(Canonically required employer provided benefits: Disability, Salary Continuation & Lay DC Retirement Plan. Employee can opt into medical or dental at their own expense, unless employer policy provides coverage)</small>	30 or more hrs/wk <small>(canonically required benefits: all ins for 20hr/wk plus Med, EAP, Dental & Life Ins.)</small>
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Check One (visit [Cal Chamber of Commerce website](#) for guidance on employee exempt or non-exempt status)

Exempt (not entitled to overtime pay if hours worked exceed 8/day) **OR** **Non-Exempt** (entitled to overtime pay)

Hire or Change of Status Date: _____ Job Title: _____

Avg. Monthly Wages: \$ _____ **AND** Annual Comp: \$ _____
(should = annual / 12. Do not list an hourly rate) (annual = avg. monthly wages x 12)

Employer Authorization: (name & title) : _____

Today’s Date: _____ Phone: (_____) *print & sign* Email: _____

All benefits that require an enrollment form and must be submitted within 30 days of hire date to guarantee enrollment eligibility. If employee elects to waive medical or dental they must submit the appropriate waiver of coverage form