

REQUEST FOR ELIGIBILITY DETERMINATION

COMPANY NAME _____

EMPLOYEE NAME _____

EMPLOYEE SSN _____

FIRST DATE OF HIRE ___/___/___ DATE OF TERMINATION ___/___/___

SECOND DATE OF HIRE ___/___/___ DATE OF TERMINATION ___/___/___

THIRD DATE OF HIRE ___/___/___ DATE OF TERMINATION ___/___/___

FOURTH DATE OF HIRE ___/___/___ DATE OF TERMINATION ___/___/___

FIFTH DATE OF HIRE ___/___/___ DATE OF TERMINATION ___/___/___

FOR AMI USE ONLY

- ENTER THE PLAN IMMEDIATELY
- ENTER THE PLAN ON _____ DATE _____/_____/_____
- HAS NEVER MET ELIGIBILITY

CONFIRMED BY _____

DATE ___/___/___