

Request for Eligibility Determination

Mail To:

AMI Benefit Plan Administrators, Inc.
100 Terra Bella Drive
Youngstown, Ohio 44505

Email To:

PMT@amibenefit.com

Fax To:

1-866-436-6703

Questions:

1-800-451-2865

www.amibenefit.com

Employee Basic Data

Company Name _____

Employee Name _____

SS# (last four) _____

Relevant Dates

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	

Authorized Signature

Signature _____ Date: ____/____/____

For AMI Use Only

- Enter the Plan Immediately
- Enter the Plan On Date ____/____/____
- Has Never Met Eligibility

Confirmed By _____ Date ____/____/____