

## WELS Benefit Plans New Hire Information Form

### Section A Worker Demographic Information

<u>Last Name</u>	<u>First Name</u>	<u>M.I.</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Social Security #</u>
<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>		
<u>Phone Number</u>	<u>Email Address</u>	<u>Marital Status</u>			
Home:	Home:				
Work:	Work:	<u>First Name of Spouse</u>			
Cell:					

### Section B Employment Information

<u>Employment Start Date</u>	<u>Employment Type</u>	<u>Employment Status</u>	<u>Call Status</u>
<u>Annual Salary (Required)</u>	<u>SECA Tax Reimbursement (if applicable)</u>	<u>Annual Housing Allowance (if applicable)</u>	<u>Annual Utilities Allowance (if applicable)</u>
<u>Called/Employed by (Sponsoring Organization Name):</u>		<u>Location (City, State &amp; Zip Code)</u>	

### Section C Certification

<u>Name of Individual Completing This Form</u>	<u>Relationship to Worker</u>
<u>Title / Position</u>	<u>Date</u>