



**DEFINED BENEFIT RETIREMENT PLAN
EMPLOYEE APPLICATION FOR MEMBERSHIP**

Lay Pension Department
445 Fifth Avenue,
New York, N.Y. 10016

EMPLOYER INFORMATION

Employer Name: _____

Employer Address: _____

Employer Telephone Number: _____

EMPLOYEE INFORMATION

Employee Name: _____ Soc. Sec #: _____

Employee Address: _____

City, State & Zip: _____

Employee Phone Number: (____) _____

Date of Birth: _____ Sex: _____ Date of Hire: _____

(PROOF REQUIRED BY COPY OF DRIVER'S LICENSE, PASSPORT, BIRTH CERTIFICATE)

Marital Status: _____ Single
_____ Married _____ Date of Marriage _____ Spouse's Date of Birth _____

Compensation: Cash Salary _____
Housing _____
Utility Allowance _____
Room & Board _____
Total _____

Enrollment Date: _____

Employee's Signature

Date

Employer's Authorized Signature

Title

Date (Month/Year)