CHRISTIAN SCHOOLS INTERNATIONAL

CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND

3350 East Paris Ave SE
Grand Rapids, MI 49512-3054

EMPLOYEE APPLICATION FORM

Employee's Name________________________________**Single**____**Married**____**Maiden Name** __________________

Address____**City** ___________________________**State** ____**Zip** _______

Date of Birth____________________________________**Sex**___ **M**___ **F** **Soc. Sec. No** _________________________

School Employed at ____

____ Administrator ____Teacher ____Clerical ____Custodian

____ Other____

I have previously participated in this Plan. ____Yes ____No
NOTE: If yes, check with the Pension office for information on possible reinstatement of canceled service credits.

I have previously participated in the CSI Canada Pension Plan. ____Yes ____No

I have ___ have not ___ at any time been incapacitated because of illness for a period longer than four weeks. (If so, give nature of illness and length of disability:) ____

To the best of my knowledge I do ___ do not ___ have any physical defects now, which may eventually disqualify me for efficient service. (If so, please state:) ____

Beneficiary's name ______________________________**Soc.Sec.No.** ____________________**Relationship** ___________

Beneficiary's address ______________________________________**City**___________________**State**____**Zip** _______

(If benefits are to be paid to a minor, the Plan Administrator, at its discretion, may make such benefits payable to a legal guardian or if none, to a parent with whom the minor resides.)

Spouse's name ____ **Date of marriage** __________________________

Spouse's date of birth _________________________________

I hereby certify that I am eligible to participate and that to the best of my knowledge the information given above is correct and true to fact. *(For information on eligibility, see reverse side)*

Signed____**Date** ____________________________

SPOUSE CONSENT

If you are married and wish to designate someone other than your spouse as your beneficiary, your spouse must give written notarized consent to the beneficiary of your choice.

As the spouse of the above-named employee, I consent to the beneficiary designation listed above. I understand that under this designation no death benefits will be paid to me from this Plan.

Spouse Signature____ Date____________________

Signed before me this_____day of____________________, 20 ____

Commission Expiration Date __________________________

____

Signature of Notary Public (STAMP SEAL HERE)

(Please have your Employer complete the reverse side)

ELIGIBILITY:

a. All Employees employed on a half-time or more basis must participate in the Plan as of the date of their employment, as well as all part-time Employees, *who have prior service credits regardless of the number of hours being worked.*

b. Employees scheduled to work less than half-time must be enrolled:

- if they complete 1,000 hours in a Plan Year. They must be retroactively enrolled to the first day of that Plan Year or to their date of employment if later.
- if they complete 1,000 hours in the 12 month period beginning with their date of employment. They must be enrolled to the first day of the Plan Year that begins in that 12 month period.

c. Once an Employee participates in the Plan he (or she) remains in the Plan as long as he (or she) is employed by a participating Employer (i.e. a substitute teacher with credits in the Plan must be enrolled).

d. All leased Employees who provide services on a full-time basis for at least one year must participate. (Refer to Section 1.24 of the Plan booklet for specifics.)

e. Ordained ministers eligible to participate in a church sponsored retirement plan may choose to be excluded.

f. Shared time employees who work half-time or more may participate. If so elected, all such employees at the school must participate.

TO BE COMPLETED BY EMPLOYER: School No: ______________

Employee's Name: ____________________________________ Employee's SSN: __________________

Employee's Date of Employment: ____________________ Salary for Plan Year: _________________

Employee's Plan Participation Date: ___________________________

If Date of Employment is different from Participation Date, please explain why. ______________________

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