

Employee's Name
(Last)

(First)

ENROLLMENT CARD
(Initial)

Section A. This section is to be completed by the
Employer or Employee and *signed* by the *Employee*.
(PLEASE PRINT OR TYPE)

Group # 1220 Effective		Social Security No.	Date Employed	Date of Birth
Male Female [.]	Earnings	Location (State) Vt.	Name of Company City of St. Albans	
Beneficiary (To be filled in by employee)		Relationship	Social Security Number	

My signature on this card evidences my knowledge of participation in the
Pension Plan and verifies the correctness of the information set forth above.

Date _____

Signature of Employee _____

NRD	NRA	Effective Date		Opt. Ret. Date	Date Elected
Opt. Ann. Form	Date Elected	Chg. Beneficiary	SS No.	Date	
<input type="checkbox"/> JA or <input type="checkbox"/> CA		Relationship	Sex	%	DOB