



PO Box 12430
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Pension Plan Enrollment Form

Social Security Number \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

(Please use legal name only)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_ - \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Sex [ ] Male [ ] Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Employment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ RN Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Title \_\_\_\_\_ Work Status [ ] Full-time [ ] Part-time \_\_\_\_\_ Hours

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Widow/Widower

If Married: Spouse's Full Name \_\_\_\_\_ Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_
Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

If Divorced: Former Spouse's Full Name \_\_\_\_\_
Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Divorce \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

If Widow/Widower: Spouse's Full Name \_\_\_\_\_
Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Prior employment with employers covered by the NYSNA Pension Plan (if applicable)

Employer \_\_\_\_\_ Position Title \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Position Title \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Information

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

E-mail Address \_\_\_\_\_