



### 401(K) REHIRE FORM

This form should be completed on every rehired employee regardless of age or whether they hold a part time or full time position.

COMPANY NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

DATE OF REHIRE: \_\_\_\_\_

FULL TIME

PART TIME