

# Diocese of Altoona – Johnstown Newly Eligible Employee Form Lay Employees

New Hire

Eligible Due to Increase in Hours

Employee Name

Address

City, State, Zip

Work Email Address

Social Security #

(xxx-xx-xxxx)

Date of Birth

(mm/dd/yyyy)

Gender

Phone Number

Hire Date

(mm/dd/yyyy)

Benefit Effective Date

(mm/dd/yyyy)

Weekly Hours

Annual Salary

Location Name/Location Code

Location Contact

Contact Phone

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**PLEASE NOTE THAT THIS FORM CONTAINS CONFIDENTIAL INFORMATION**

**Please ensure you send it back to Benefits Bookcase via the Reschini Secure Messaging Network, by Fax (888)939-6374, or upload to our secure dropbox:**

**<https://doaj.benefitsbookcase.com/filedrop/>**