

**Information Required to Process an Eligibility Determination Request**

For IPD Use Only

Received on:	___ / ___ / ___
Processed by:	_____
DOH + 1yr:	___ / ___ / ___
Date of Entry	___ / ___ / ___

**Instructions:** Please fill out all information to ensure faster processing of the information.

**1 Plan Information.** Fill in information about your pension plan.

Pension Plan Name	Company Name	Company Address

**2 Employee Information.** Fill in information to test if the employee is eligible.

Employee Name	Date of Birth: ___ / ___ / ___	Employee Address
	Date of Hire: ___ / ___ / ___	
Home Telephone: ( ) _____	Social Security Number: _____	Work Amount: _____ Part Time _____ Full Time

**3 Signature Approval.** Sign below to process this employee eligibility request.

_____	_____
<i>Participant</i>	<i>Date</i>
_____	_____
<i>Plan Administrator</i>	<i>Date</i>