Solutions For The Nonprofit
P.O. Box 3000
Phoenixville, PA 19460

(800) 983-3001 Fax: (610) 983-3762

Employee Data Form

Group Name_____

Address_____ Phone # _____

City_____ State_____ Zip Code _____ Form Prepared By _____

Social Security Number	Name (Last, First, Middle)	Birthday M/D/Y	Sex F/M	Employee Home Zip Code	Hire Date M/D/Y	Job Title	Coverage Tier*	Salary Amount	Pay Code W = Week M = Month A = Annual H = Hour**

* Single, Family, Employee & Spouse, Parent & Child, Parent & Children.