

Employee Transfer Form

Current Agent/DM Information

1. Agent/DM name:
2. Date of termination of employment with current Agent/DM:

Employee Questionnaire (please print)

1. Employee Name:
2. Social Security Number:
3. Work Email Address:
4. Is your home address staying the same? Yes No If no, please let us know your new address:
5. Are your W-4 withholdings staying the same? Yes No If no, please complete another W-4 form.
6. If you currently participate in direct deposit, is/are your account(s) staying the same? Yes No If no, please complete another direct deposit form.
7. Our employees are categorized based on the average number of hours they work each week. The categories are as follows:
 - a. Regular Full Time – employee works an average of 30 to 40 hours per week
 - b. Regular Part Time – employee works an average of 20 to 29 hours per week
 - c. Occasional or less than 20 hours per week – employee does not work on a regular basis or works less than 20 hours per week regularly

As a result of this transfer, will you be moving between any of these categories? Yes No
If yes, contact the Benefits Administrator at The Employer Group for benefit information.

Employee Signature _____ Date _____

New Agent/DM Questionnaire

1. Agent/DM name:
2. Effective date of transfer (first day employed by you):
3. Employee's job title:
4. Employee's pay rate:
5. Employee's average hours worked per week:

New Agent/DM Signature _____ Date _____