

# Voya 401k Waiver

Lubricar Inc.

## Employee Information:

Name (first, middle initial, last)	Social Security Number ____-____-____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (number & street)	Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)
Address continued	Home Phone	Work Phone
City/town	State	Zip
Email Address	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

I, \_\_\_\_\_, have been informed of my eligibility to enroll in my employer's retirement plan. Currently, I choose not to participate in my employer's retirement plan and waive my enrollment. In waiving my enrollment, I understand that I will not be able to make any changes or enroll until the next open enrollment period.

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Employee Signature

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Printed Name

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Date

Store Number