

# Employer Certification of Participant Status Personal Plans

## EMPLOYER INFORMATION

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Employer name: \_\_\_\_\_ Employer account number: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_\_) \_\_\_\_\_

Association: \_\_\_\_\_

Employer Tax ID number (EIN): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Employer's physical address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Billing address if different from the employer's physical address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Number of full-time and part-time employees currently on the payroll:

1-19 employees     20-99 employees     more than 100 employees

## EMPLOYEE VERIFICATION

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Employee first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security number (last four digits): \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

Total annual salary: \_\_\_\_\_ (needed only for Term Life and Disability applicants)

The undersigned employer representative confirms that this applicant is a paid employee of the above named organization, working 20 or more hours per week, and that the reported salary, if provided, is accurate. We understand that the addition of the products being requested by this applicant, upon approval, will be added to our employer's monthly billing statement. **(The employer representative cannot be the applicant.)**

Signature of employer representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Contact phone: (\_\_\_\_\_) \_\_\_\_\_

**Return completed form to:** Insurance Operations — Personal Plans  
GuideStone Financial Resources, SBC  
2401 Cedar Springs Road  
Dallas, TX 75201-1498

**Or fax to:** 214-720-4676

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### GUIDESTONE USE ONLY

Approved by GuideStone Financial Resources

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

