

EMPLOYER: CSULB Research Foundation	GROUP NUMBER: AOA00003
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EMPLOYEE INFORMATION
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LAST NAME	FIRST NAME:	MI:
ID # / SSN:	SEX: <input type="checkbox"/> <input type="checkbox"/>	
DATE OF BIRTH :	DATE OF HIRE :	
EMPLOYEE ADDRESS: <input type="checkbox"/>		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL ADDRESS:	FAX NUMBER:	
HOME PHONE:	WORK PHONE:	

ELECTION
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I ELECT THE FOLLOWING:	Amount Per Pay Period	# of Pay Periods	Annual Election	
			Actual	Maximum
<input type="checkbox"/> <input type="checkbox"/>	\$		\$	
<input type="checkbox"/> <input type="checkbox"/>	\$		\$	

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