

Facility: _____

Start Date: _____ Termination Date: _____

Status: ☐ Full-Time ☐ Part-Time ☐ PRN ☐ LOA

_____ Federal W4	_____ Benefit Enrollment Form
_____ State W4 (IL or IA resident)	_____ IL Secure Choice Form
_____ Direct Deposit Form & Voided Check	_____ APL Insurance Form
_____ Benefit Acknowledgment	

Instructions: Fill in form, choose "FILE" then "SAVE AS", name form as Employee's name. Next, choose "FILE" then "ATTACH TO EMAIL" and send to crillie@aheinco.com and rlandis@aheinco.com.