

Student loan repayment enrollment form



Employee information:

Employer name: _____ Date: _____

Employee name: _____ Social Security number: _____

Home address: _____

Contact phone number: _____ Date of birth: _____

E-mail address: _____

Employee authorization:

By signing below, I agree to participate in my employer's student loan repayment program and certify that I understand and will comply with the regulations governing such Plan. I understand the eligibility requirements and certify that I am eligible for the program.

Employee signature: _____

Employer authorization:

Employee is eligible to participate in the student loan repayment program:

YES NO

Eligible amount: _____

Effective date: _____

Employer approval: _____

Date: _____