



Employee Data Sheet

Name: _____

Address: _____

City, State, Zip: _____

Social Security: _____

Date of Birth: _____

Telephone: _____

Employer: _____

Hourly Wage (Base Rate): _____

Marital Status: Married: _____ Single: _____

Number of Exemptions _____

Direct Deposit Information

Bank Name _____

Routing Number _____

Account Number _____

Account Type: Checking _____ Saving _____

Sign: X _____

Please return to: BCT Benefits, LLC
Plan Administrator
2464 Byron Station Dr.
Byron Center, MI 49315
P: 877.924.3228
F: 888.891.7772

*****This must be turned in prior to contributions or distributions*****

All Employee Data Sheet must be signed by the employee or a company representative