

**BCG, Inc. Outsource Enrollment Card**

Employer:			<b>BCG Use Only</b>
Employee's Name: Last		First	MI
Employer ID			
Address: No. Street		Apt#	City, State, Zip
Date Entered			
Social Security No.	Date of Birth	Date Hired	OS Day
( ) Home Phone	( ) Work Phone		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation/Title		
Earnings: \$ _____	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Officer
Hours Per Week: _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Commission
Date: _____ Employer's Signature: _____			