

**NORTHEAST BENEFIT SERVICES, INC.**

950-A Union Road, Suite 31, West Seneca, NY 14224  
Phone: 716.674.7200 Fax: 716.674.7000

**REQUEST FOR LOAN**

**Instructions:** Please complete and return it to Northeast Benefit Services, Inc. via fax or secure e-mail.

**ALL INFORMATION MUST BE COMPLETE TO PROCESS THIS REQUEST**

Name of Plan: \_\_\_\_\_

Participant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Hire: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Participant Email Address: \_\_\_\_\_

**LOAN DETAILS:**

1) Dollar amount Requested: \$ \_\_\_\_\_

2) Repayment Period: \_\_\_\_\_ ( ) Years NOT TO EXCEED 5 YEARS  
\_\_\_\_\_ ( ) Months NOT TO EXCEED 60 MONTHS

3) Payment / Payroll - Check One:  
( ) Weekly ( ) Biweekly ( ) Monthly ( ) Semi-Monthly ( ) Quarterly

4) Date of next Payroll: \_\_\_\_\_

5) Is there an outstanding loan YES NO

Invoice for Loan Package to be paid by: ( ) Employer ( ) Employee

Delivery of Loan Documents ( ) Employer ( ) Regular Mail  
( ) Employee ( ) E-Mail (Include address above)

**AUTHORIZED BY:**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER ONLY.**