EVERGREEN YOUTH AND FAMILY SERVICES

RETIREMENT PROGRAM

**Employee name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please note: the change will be made within 2 weeks depending on the payroll cycle*

**===========================================================================**

**ACTION REQUESTED**

|  |  |
| --- | --- |
| ( ) Enroll | ( ) Re-Enroll |
| ( ) Stop Deductions | ( ) Change Contribution Amount |
| ( ) Terminate Participation | . |

**BEFORE TAX CONTRIBUTIONS**

I agree to contribute \_\_\_\_\_% or $\_\_\_\_\_\_\_\_\_\_\*, per pay period effective the first payroll of the following month, not to exceed applicable IRS dollar limits for the calendar year.

**AFTER TAX (ROTH) CONTRIBUTIONS**

I agree to contribute \_\_\_\_\_% or $\_\_\_\_\_\_\_\_\_\_\*, per pay period effective the first payroll of the following month, not to exceed applicable IRS dollar limits for the calendar year.

*\*Evergreen’s payroll system does not allow for specific dollar amounts, it will be as close as possible to the amount you choose.*

**CATCH UP CONTRIBUTIONS** (available for employees age 50 or older by the end of the calendar year)

I agree to contribute an additional catch-up contribution of $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period, not to exceed applicable IRS dollar limits for the calendar year.

I understand that I may change, suspend and resume contributions at such times as described in the terms of the Plan and that my salary reduction participation is completely voluntary.

I agree to be bound by the terms of the Plan and acknowledge that I have received the Summary Plan Description and have completed a Designation of Beneficiary Form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee signature                                                                     Date