Enrollment Form

Plan Name:
Case Number:

STEP ONE: FILL IN YOUR PERSONAL INFORMATION

First name

Last name

___ - __ - ____

Social Security Number

STEP TWO: COMPLETE YOUR CONTRIBUTION ELECTION

I elect to contribute _____% or $_____ of my salary each pay period to the Retirement Plan. Any previous elections I have made are now revoked.

STEP THREE: SIGN AND DATE

I understand that I may choose my own investments, and that if I do not, my account will be invested in the Plan's default investment option. I also understand that certain highly-paid employees may receive a refund to comply with IRS rules.

Employee Signature: Date:

RETURN COMPLETED FORM TO YOUR HUMAN RESOURCES REPRESENTATIVE