



Catch-Up Contribution Election Form

Employee name _____ File # _____

All election changes will be effective as of the first pay period of the calendar month following the date you submit this form, or as soon as administratively possible thereafter.

Enrollment Pay period ____/____/____

ACTION REQUESTED

Enroll

Re-Enroll

Stop Deductions

Change Contribution Amount

Terminate Participation

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 (24), 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 access to the [Summary Plan Description](#) and have completed a designation of *Beneficiary Form*.

Employee Authorization

Date