



## 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)*

Please select one of the following catch-up contribution options based on your age:

Plan 1: Standard Catch-Up Contribution – \$7,500 (for employees 50-59 or 64+)

Plan 2: Enhanced Catch-Up Contribution –\$11,250 (for employee 60-63 under the SECURE Act 2.0 provision)

#### Selected Plan:

Plan 1 – Standard Catch-Up Contribution

Plan 2 – Enhanced Catch-Up Contribution

#### Contribution Amount

I agree to contribute an additional catch-up contribution of \$\_\_\_\_\_ per pay period (24), not to exceed the applicable IRS limit for the selected plan.

I understand that I may change, suspend, and resume contributions as permitted under the terms of the Plan, and that my participation in the salary reduction is entirely voluntary.

I agree to be bound by the terms of the Plan, acknowledge access to the Summary Plan Description, and confirm completion of a Beneficiary Designation Form.

\_\_\_\_\_  
Employee Authorization

\_\_\_\_\_  
Date