



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