

# PENSION PLAN FOR THE LOCAL UNION NO. 131 I.B.E.W.

## 401(k) Election Form

To elect, change, or stop your 401(k) pre-tax contributions to your 401(k) account, submit this form to each employer where you work or where you expect to work. It is your responsibility to request 401(k) deductions from your paycheck from each employer, or to have such deductions changed or stopped. Once you submit your 401(k) Election Form to an employer, your election will remain in effect with that employer even if you do not work for that employer for an extended period of time and then return to work for him. Unindentured and first year apprentices are not eligible to participate in the 401(k) option.

**NAME: (Print only)** \_\_\_\_\_ **SOC. SEC.#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email Address (optional) \_\_\_\_\_

### Employee 401(k) Election

By signing this agreement, I hereby request to enroll in, change or suspend my 401(k) pre-tax contribution as follows until changed by me as provided under the terms of the Plan:

- \$0.00. (Suspend my 401(k) contributions. I do not want to contribute.)
- \$1.00 per straight time hour up to 40 hours per week.
- \$2.00 per straight time hour up to 40 hours per week.
- \$3.00 per straight time hour up to 40 hours per week.
- \$4.00 per straight time hour up to 40 hours per week.
- \$5.00 per straight time hour up to 40 hours per week.
- \$6.00 per straight time hour up to 40 hours per week.

Notice: 401(k) contributions are not deducted from pay for any overtime work.

### Employer Designation

Name of Employer/Contractor: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receipt of information regarding my right to make employee 401(k) contributions to the Plan. I have reviewed my 401(k) election. The Plan permits me to defer compensation otherwise payable to me, and have my employer contribute my deferred compensation to the Plan on my behalf. I understand that my election will take effect as described in the formal Plan. I understand that I must make elections for each employer where I work or where I expect to work and such elections will remain permanent until changed by me. I understand that I must submit a new form (or forms if you work for more than one employer covered by the Plan) if I want to change or suspend my 401(k) contribution.

**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Original to Employer – Copy to Employee – If copy machine not available, complete in duplicate.

If you have any questions, contact the Pension Department at the Fund Office at (517) 321-7502.