

FLINT PLUMBING AND PIPEFITTING INDUSTRY DEFINED CONTRIBUTION PLAN 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 expect to work. It is your responsibility to request 401(k) deductions from your paycheck from each employer. If you do not submit a 401(k) Election Form to a new employer, your 401(k) election will be automatically revoked for this employer and all future employers until the next enrollment date, at which time you can resubmit a 401(k) Election Form. 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 that employer.

Once per Plan Year (August 1 – July 31) you may elect to enroll on one of the following dates: **July 31, October 31, January 31 or April 30**, with any such election to take effect within two payroll cycles. You may stop your election at any time, but can only enroll once per Plan Year. You may change the amount of your 401(k) election once per Plan Year Quarter.

NAME: (Print only) _____ **SOC. SEC.#** _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Email Address (optional) _____

MAXIMUM ELECTION: The contribution limit for 2023 is \$22,500 for those under 50 years of age and \$30,000 if over 50. Assuming 2,000 hours worked per year, this means an individual under 50 can contribute up to \$11.25 per hour worked, and an individual 50 or older can contribute up to \$15.00 per hour worked.

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.

- | | | |
|---|--|---|
| <input type="checkbox"/> \$0.00. (I <u>revoke</u> my 401(k) election and do <u>not</u> want to contribute anymore.) | | |
| <input type="checkbox"/> \$1.00 per hour | <input type="checkbox"/> \$5.00 per hour | <input type="checkbox"/> \$9.00 per hour |
| <input type="checkbox"/> \$2.00 per hour | <input type="checkbox"/> \$6.00 per hour | <input type="checkbox"/> \$10.00 per hour |
| <input type="checkbox"/> \$3.00 per hour | <input type="checkbox"/> \$7.00 per hour | <input type="checkbox"/> \$11.00 per hour |
| <input type="checkbox"/> \$4.00 per hour | <input type="checkbox"/> \$8.00 per hour | <input type="checkbox"/> \$11.25 per hour |

If you are age 50 or older, you may elect the following amounts:

- | | | |
|---|---|---|
| <input type="checkbox"/> \$10.00 per hour | <input type="checkbox"/> \$12.00 per hour | <input type="checkbox"/> \$14.00 per hour |
| <input type="checkbox"/> \$11.00 per hour | <input type="checkbox"/> \$13.00 per hour | <input type="checkbox"/> \$15.00 per hour |

Employer Designation

Name of Employer/Contractor: _____

Employer 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 I must make elections for each employer where I work, or expect to work, and such elections will remain in effect until changed by me. I understand 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 – Copy to Local Union Office
If copy machine not available, complete in duplicate.
If you have any questions, contact the Pension Department at the Fund Office at 1-888-797-5261.