WEST VIRGINIA RETIREMENT plus

Building a Bridge to Your Future

# STATE OF WEST VIRGINIA DEFERRED COMPENSATION PLAN PARTICIPATION AGREEMENT

Rev. 11/2009

Check ✓ the appropriate transaction below.

☐ **Auto Enrollment** ☐ **New Enrollment** ☐ **Decline Automatic Enrollment** ☐ **Restart/ Increase Salary Deferral** ☐ **Termination /Retirement Date:** _____ ☐ **Decrease Salary Deferral** ☐ **Suspend Salary Deferral** ☐ **Name/ Address Change**

## PARTICIPANT INFORMATION

**Name** _____
(Last) (First) (Middle Initial)

**Former Name** _____

**Address** _____
(Street)

_____
(City) (State) (ZIP Code)

**Agency/Department**_____

**Phone** (_____)_____ (_____)_____
Home Phone No. Work Phone No.

_____ **Date of Birth**

_____ **Social Security #**

_____ **Date of Employment**

**Former Plan Participant?** *Check if yes* ☐

_____ **Agency/Department Work Location**

**Email Address** _____

## DEFERRAL ELECTION

**Salary Deferral Amount** **$** _____ per pay period

If applicable, include amount of catch-up and complete Catch-up Contribution section below.

**Effective Date:** This agreement will be effective the first day of the month following the completion of this form or the pay date indicated on the designated line below. ***Note***: If you are suspending your salary deferral, your election will be effective the first available pay date following receipt of this form. **Effective Date:**

## EMPLOYEE AGREEMENT TO PARTICIPATE IN 457 DEFERRED COMPENSATION PLAN / AUTOMATIC ENROLLMENT

The State of West Virginia has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (Plan) for the benefit of its employees. The Plan provides that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the State. Employees hired on or after July 1, 2007 will be automatically enrolled into the Plan and an amount equal to $10 per pay period will be deducted from your pay and deposited into an account in your name, to be invested under the Plan. If you do not want to participate in the Plan at this time, please check the "Decline Automatic Enrollment" option above and return the form to your Benefits Coordinator within 30 days of your date of employment. If you elect this option, you may choose to enroll in the Plan at a later date.

The employee acknowledges the following:

1. I elect to participate in the Plan and agree to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code).
2. I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.
3. I agree that the elections indicated above will remain in effect until later changed or revoked by me or my contributions during any year reach the maximum dollar amount allowed under the Plan and Code. If the latter occurs, my salary deferral election will automatically stop.

## CATCH-UP CONTRIBUTION (To learn more, call toll-free at 1-877-786-2982)

Check below, if you wish to make catch-up contributions as permitted under the Plan. Only one option may be selected during the same year.

☐ **SPECIAL SECTION 457(b) CATCH-UP PROVISION** – This option is available only during the three consecutive years prior to, but not including, the year the employee attains Normal Retirement Age under the Plan. A 457(b) Plan Catch-up Election form is required for this option. For this form and further information, contact your local ING representative**.**
**Calendar year to begin** _____ **Calendar year to end** _____

☐ **AGE 50+ CATCH-UP PROVISION** – This option is available to employees age 50 and over by the end of the year. **Date of birth** _____

**The participant cannot use both the special section 457(b) catch-up provision and the age 50+ catch-up provision during the same year. The participant must choose the option most beneficial to him or her.**

## TO DESIGNATE A BENEFICIARY CALL 1-800-584-6001 OR VISIT www.WV457.com

I certify that the information on this form is true, complete and accurate.

**KEEP A COPY FOR YOUR RECORDS. RETURN COMPLETED FORM TO YOUR PAYROLL/BENEFITS COORDINATOR**

**Participant's Signature** **Date**

**For Payroll/Benefits Coordinator Use only**

**Payroll/Benefit Coordinator Signature** **Date** **State Agency/Political Subdivision**

Coordinator please mail or fax a copy of this form to Office of the State Treasurer, One Player's Club Drive, Charleston, WV 25311, Fax: 304-340-1503