

WESTERN WASHINGTON U.A. SUPPLEMENTAL PENSION PLAN VOLUNTARY PRE-TAX 401(k) CONTRIBUTION ENROLLMENT FORM

Milliman, Inc.
3800 American Blvd, Suite 400, Minneapolis, MN 55431
Phone: (800) 481-7336 Fax: (855) 672-0076

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____
First Middle Last

Address: _____
Street City State Zip

Daytime Telephone #: () _____ (in case we need to contact you) Home Local #: _____

Employer: _____ Phone #: _____

VOLUNTARY CONTRIBUTION AMOUNT:

Please fill in below the rate at which you wish your employer to deduct from your wages and contribute to your Supplemental Pension Plan Voluntary Pre-tax account (Section 1). You may fill in an additional amount if you have reached age 50 (Section 2). You must have been employed by your current employer for at least thirty (30) days before this deduction can be made. The annual contribution to your Voluntary Pre-tax Account **must not exceed the limits set each year by the I.R.S. (For 2016, \$18,000 plus \$6,000 "catch up (Age 50+)" for a total of \$24,000)**. If your contribution exceeds the maximum allowed by law, any excess will be returned to you.

You are responsible for keeping track of the ongoing total of your contributions to the Plan and whether your contributions are over the prescribed limits.

1. Voluntary Pre-Tax Contribution Rate Per Hour:

I hereby elect to make a Voluntary Contribution of \$ _____ dollars per hour or _____ percentage per hour of my compensation.

2. Voluntary Pre-Tax 401(K) Catch Up (AGE 50+) Rate Per Hour:

I hereby elect to make a Voluntary Contribution of \$ _____ dollars per hour or _____ percentage per hour of my compensation.

This contribution will be effective as soon as received and processed by your employer. This contribution must be accounted for separately from your negotiated fringe benefit contribution.

NOTE: You may cancel your contribution at any time. Changes to increase or decrease your Voluntary Pre-Tax Contribution Rate per Hour may be made any time and will become effective as soon as administratively feasible.

AUTHORIZATION:

By signing below, I hereby authorize my employer to deduct contributions at the above rate per hour from my wages to be deposited in my Voluntary Pre-Tax 401(k) Account in accordance with Plan rules. This form must be returned to your employer to take effect.

Effective Date

Employee's Signature

Date Signed

EMPLOYERS: If you have questions about this form, please contact Milliman's Service Center at +1 (866) 767-1212 and reference Plan Code 121WWP.

EMPLOYER - WHITE COPY

EMPLOYEE - PINK COPY

