



North Carolina NC 401(k) & NC 457

Employer Contributions Program Form – NC 401(k) Plan (2 Page Form)

All employers in the NC 401(k) Plan that want to begin providing employer contributions to their employees **OR** that want to change or stop their current employer contributions, **MUST SUBMIT THIS FORM** to the NC 401(k) Plan via email to NCPLANS@EMPOWER.COM **PRIOR TO** starting, stopping, or changing their employer contributions.

Participating employers in the NC 401(k) Plan are permitted to make employer contributions to employees' accounts in accordance with applicable law and [plan document for the NC 401\(k\) Plan](#), available at myNCRetirement.com. In addition, N.C.G.S. §§ 143-166.30(e) and 143-166.50(e) require employers to make certain contributions for their law enforcement officers.

Name of Employer: _____ Employer (Subplan) Number: _____

What is your reason for submitting this form?

- We are starting a new employer contributions program, effective _____ (date).
- We are changing our current employer contributions program, effective _____ (date).
- We will stop providing any employers contributions, effective _____ (date).

Matching Contributions

The employer match will be:

- a. _____% of each eligible employee's contributions per pay period, up to a maximum of _____% of the employee's compensation (not to exceed 80% of compensation); or
- b. A dollar for dollar match up to \$_____ of each eligible employee's contributions.

If the same calculation for matching contributions is not used for all eligible employees, complete the section below titled "Important Restriction on Employer Contributions."

Non-matching Contributions

The employer will contribute the following amount to each eligible employee per pay period:

- a. \$ _____
- b. _____% of each employee's gross compensation*

If the same calculation for non-matching contributions is not used for all eligible employees, complete the section below titled "Important Restriction on Employer Contributions."

Waiting Period

If the employee must complete a service period (i.e., waiting period) with the employer prior to receiving employer contributions, the following service period (not to exceed one year) applies: _____.

***Note:** "Compensation" is defined in Section 1.08 of the [plan document for the NC 401\(k\) Plan](#), available at myNCRetirement.com.



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Important Restriction on Employer Contributions

An employer’s matching and non-matching contributions must be provided to all of its employees on an equal basis as described above, unless the distinctions made among employees or groups of employees is permitted by Section 3.02(a) or 3.02(b) of the [plan document for the NC 401\(k\) Plan](#), available at myNCRetirement.com. If such distinctions are made, describe them and how they comply with Section 3.02(a) or 3.02(b) of the plan document:

Law Enforcement Officers

Does the employer employ law enforcement officers for purposes of N.C.G.S. §§ 143-166.30(e) or 143-166.50(e)? Yes No

For each law enforcement officer employed by the employer, the employer shall remit five percent of the officer’s salary as required by § 143-166.30(e) (state LEOs) and 143-166.50(e) (local LEOs).

In addition, law enforcement officers, except for Sheriffs, receive the court costs required by N.C.G.S. § 143-166.30(e) and 143-166.50(e). For county employers only, please provide the following:

Name of Sheriff: _____ Last four of SSN: _____

Will law enforcement officers receive the contributions described above in “Matching Contributions” and “Non-matching Contributions” ***in addition to*** the five percent of an officer’s salary and the court costs required by N.C.G.S. §§ 143-166.30(e) or 143-166.50(e)?

Yes No

The employer contributions program described above was adopted on _____ (date of adoption) by the following board, commission, council, or other governing body of the employer:

_____.

You must notify the NC 401(k) Plan immediately at NCPLANS@EMPOWER.COM if any of the information on this form changes or ceases to be complete and accurate.

I certify that the information on this form is complete and accurate and that I am authorized by the employer to act on behalf of the employer and to provide such information.

Signature: _____ Title: _____

Name (print): _____ Date: _____