



Employer Contributions Program Form – NC 457 Plan

All employers in the NC 457 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 457 Plan via email to NCPLANS@EMPOWER.COM **PRIOR TO** starting, stopping, or changing their employer contributions.

Participating employers in the NC 457 Plan are permitted to make employer contributions to employees' accounts in accordance with applicable law and the plan document for the NC 457 Plan.

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).

Description of Employer Contributions Program

1. Describe the employee(s) or group(s) of employees who are eligible for employer contributions. Include the required employment period (waiting period) before an employee becomes eligible for employer contributions, if any, which may not exceed one year.

2. Describe the contributions that eligible employees will receive. The methods can vary across employees and/or groups of employees.

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 457 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: _____