



**Concordia Retirement Plan  
 Option Election**

This form is for participating Employers that would like to change their CRP option and/or Eligibility Waiting Period designations. Employers may change their CRP designations once per calendar year.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

**A Employer Information**

Employer Name \_\_\_\_\_ Concordia Plan Services Employer Account Number (if known) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Employer Phone Number \_\_\_\_\_ Employer Fax Phone Number \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Contact Person Phone Number \_\_\_\_\_ Contact Person E-mail Address \_\_\_\_\_

**B Concordia Retirement Plan (CRP) Option Designation**

The CRP is comprised of two options, the Traditional Option and the Account Option. Employers may designate under which option newly qualified workers are to be enrolled. The Account Option is not available to Synod rostered workers.

Please select only one designation from the table below:

Designation	Who Enrolls in the Traditional Option	Who Enrolls in the Account Option
<input type="checkbox"/> Traditional Option Only <i>Skip Sections C - D</i>	All Workers	None
<input type="checkbox"/> Traditional and Account Options Designation 1	All Rostered Workers	All Non-Rostered Workers
<input type="checkbox"/> Traditional and Account Options Designation 2	All Rostered Workers and All Salaried Non-Rostered Workers	All Hourly Non-Rostered Workers
<input type="checkbox"/> Traditional and Account Options Designation 3	All Rostered Workers and All Hourly Non-Rostered Workers	All Salaried Non-Rostered Workers

*“Rostered Workers” are ordained and commissioned ministers of religion on the official roster of The Lutheran Church—Missouri Synod. All other workers are considered “Non-Rostered Workers.”*

**C Eligibility Waiting Period (EWP) Designation**

Employers offering the Account Option also have the option to require an Eligibility Waiting Period (EWP) of one year for workers eligible to be enrolled in the Account Option. If the employer elects to require an EWP:

- the employer will not be charged any CRP contributions for any worker prior to completion of the EWP,
- the worker will not accrue benefits into his/her account prior to completion of the EWP, and
- the worker will earn credit toward the 5-year vesting requirement for the CRP during the EWP.

**This employer hereby:**     Elects the Eligibility Waiting Period  
     Declines the Eligibility Waiting Period

**D Eligibility Waiting Period (EWP) Agreement**

If electing the Eligibility Waiting Period (EWP), I understand that the EWP:

1. Must be applied equally to all workers for whom the Account Option has been elected and who become eligible for enrollment in the Account Option through this employer after the effective date of this employer's EWP election.
2. Will not apply to workers who were already qualified for enrollment in the Account Option by this employer prior to the effective date of this employer's EWP election date.
3. Will not apply to workers participating in the Traditional Option.
4. Will not apply to rostered workers.
5. Is satisfied, in part or in whole, by prior CRP creditable service, including Traditional and/or Account Option participation at this or other participating employers. Workers with less than 12 months of creditable service need only satisfy the remaining balance of the 1-year period.
6. Will begin after any applicable Probationary Period established by the employer has ended. (Probationary Period agreement must be on file with Concordia Plan Services.)
7. Will not apply to any other Concordia Plan. i.e. Concordia Health Plan (CHP), Concordia Disability and Survivor Plan (CDSP), Accident Insurance Program (AIP) or the Concordia Retirement Savings Plan (CRSP), including employer elected contributions to the CRSP.

**E CRP Account Option and Employment Changes**

Workers qualifying for the CRP before the effective date of this option election or designation change will remain in their currently enrolled CRP Option. Rostered Workers are not eligible for enrollment in the Account Option (AO) and will be enrolled in the Traditional Option (TO). If an AO participant becomes a Rostered Worker, they will no longer be eligible to participate in the AO and will begin participating in the TO. Workers who are removed from the Synod roster will remain enrolled in the TO.

If the Traditional and Account Option Designation 2 or 3 is elected, workers will remain in the CRP Option as designated at the time they qualified for enrollment as a worker for the CRP regardless of any changes to their classifications as hourly or salaried workers; however, if workers during the EWP change their classification, the change must be reported to Concordia Plan Services within 60 days of the change because they are no longer eligible for the EWP.

If deselecting the AO and/or EWP for some or all classifications of workers, all such workers will continue to be enrolled in the AO through this employer until their employment terminates.

If terminating the EWP for some or all classifications of workers, the EWP will no longer apply for workers in those classifications currently in the EWP, and they will move to AO non-vested participation status and the employer billed contributions effective with the date of termination.

**F Certification**

I, \_\_\_\_\_, an officer of \_\_\_\_\_ do certify that on this date of \_\_\_\_\_, 20\_\_\_\_\_, the Governing Body of this participating employer has elected to change their CRP Option and/or application of the EWP in effect as indicated on this form to be in effect as of \_\_\_\_\_, 20\_\_\_\_\_. (Effective the first day of the month following the receipt of this form by Concordia Plan Services or the first day of any future month.)

**G Employer Representative Signature**

The information entered on this form is current and correct to the best of our knowledge.

**X**

Signature of Authorized Employer Representative _____	Date _____
Printed Name of Authorized Employer Representative _____	Title or Office Held _____
E-mail Address _____	Daytime Telephone Number _____