

Concordia Plan Services
 The Lutheran Church—Missouri Synod
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**Concordia Retirement Savings Plan
 Employer Contribution Election**

Each worker may elect to make salary deferral contributions to the Concordia Retirement Savings Plan 403(b) through payroll deduction.

Employers are not required to, but may elect to make employer matching or fixed contributions to the 403(b). Employer contributions are submitted directly by the employer. Matching contributions are allocated to participating workers and must be remitted after each pay period, but no later than the 20th business day of the following month. Employer fixed contributions are allocated uniformly to all eligible workers, regardless of whether or not the worker made salary deferral contributions.

All contributions are subject to Internal Revenue Code (IRC) maximum contribution limits.

Use this form to report the commencement of any employer contribution, a change in employer contribution, or an employer decision to stop making contributions.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Employer Information
Employer Name	Employer Number
Address	
City	State
Zip Code	Employer Phone Number
B	Employer Contribution Election
<i>Please check the appropriate box(es) below.</i>	
This employer will match worker salary deferral contributions to the 403(b) equal to _____ % of contributions (Example; 25%,50%, 100%), up to _____ % of compensation (Example, 1-10%)	
_____ % of contributions (Example; 25%,50%, 100%) with a maximum of \$ _____ matched per worker per year	
This employer will make a fixed contribution for each eligible worker equal to _____ % of compensation per year (Example 1%-10%) \$ _____ per year	
This employer elects to allow part-time workers to receive the Employer Contribution, in addition to full-time workers.	
This employer will not provide an employer contribution to the 403(b) at this time.	
This employer processes payroll _____ times per year.	
<i>If you would like to set up a matching structure different from what is suggested, please contact Concordia Plan Services.</i>	
C	Employer Contribution Effective Date
The effective date of the designation made in Section B is _____ (cannot be sooner than the first day of the month following the date the resolution was made by the Governing Body.)	
D	Employer Representative Signature
IN WITNESS WHEREOF, I have signed this document on _____ MM/DD/YYYY	
X Signature of Authorized Employer Representative	
Printed Name of Authorized Employer Representative	Title or Office Held
Email Address	Daytime Phone Number