



Concordia Plan Services
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Concordia Retirement Savings Plan Employer Election on Part-Time Workers

This form is for participating employers that would like to change their current Concordia Retirement Savings Plan (CRSP) participation to include eligibility for part-time workers, as described by the CRSP Plan Document, Section 3.1.

Employers may change their CRSP designation once per calendar year. Changes indicated will become effective the first day of the month after this form is received by Concordia Plans, unless otherwise specified below.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK.

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| A | Employer Information |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Employer Name Employer Number </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Address </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> City Employer State Employer Zip Code Employer Phone Number </div> | |
| B | Concordia Retirement Savings Plan for Part-Time Worker Option Designation |
| <p>The employer is currently offering the CRSP and will open eligibility to part-time workers. Each part-time worker at the employer may elect to make salary deferral contributions to the CRSP through payroll deduction.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Effective Date (MM/DD/YYYY)</p> | |
| C | Employer Contributions for Part-Time Workers |
| <p>The employer is not required to, but may elect, to offer an employer contribution to its part-time workers. If offered, employer contribution elections are defaulted to what is currently being offered to the employer's full-time workers. If you would like to set up a structure different from what is in place for full-time workers, please contact CPS.</p> <p> <input type="checkbox"/> The employer will offer employer contributions to part-time workers. <input type="checkbox"/> The employer will not offer employer contributions to part-time workers. </p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Effective Date (MM/DD/YYYY)</p> <p style="text-align: center;"><i>(Continued on next page)</i></p> | |

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| D | Automatic Enrollment/Escalation for Part-Time Workers |
| <p>If the employer has elected to administer Automatic Enrollment/Escalation for full-time workers, the employer can also elect to administer Automatic Enrollment/Escalation for part-time workers.</p> <p>Before completing this election, reference the CRSP Automatic Enrollment/Escalation Guide for more specific details.</p> <p><input type="checkbox"/> The employer has implemented Automatic Enrollment/Escalation for full-time workers, and will also administer Automatic Enrollment/Escalation for part-time workers. Existing and newly eligible part-time workers Newly eligible part-time workers only</p> <p>Note: Automatic Enrollment/Escalation does not automatically remit contributions to the CRSP. For remittance instructions, please contact Concordia Plan Services at ConcordiaPlans.org</p> <p><input type="checkbox"/> The employer will not administer Automatic Enrollment/Escalation for part-time workers.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Effective Date (MM/DD/YYYY)</p> | |
| E | Employer Representative Signature |
| <p>The information entered on this form is current and correct to the best of my knowledge. I understand that it is the employer's responsibility to track worker hours. I also understand that if a part-time worker meets the eligibility requirements of a full-time worker, that worker is eligible for full-time benefits and must be enrolled in the Concordia Plans available to a full-time worker, by completing an Enrollment Form, which can be downloaded at ConcordiaPlans.org.</p> <p>X _____</p> <p>Signature of Authorized Employer Representative Date (MM/DD/YYYY)</p> <p>_____</p> <p>Printed Name of Authorized Employer Representative Title or Office Held</p> <p>_____</p> <p>Email Address Daytime Phone Number</p> | |