



Concordia Plan Services
 The Lutheran Church- Missouri Synod
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CRSP 403(b) Enrollment Form for Part-Time Worker

This form should only be used to enroll a part-time worker in the Concordia Retirement Savings Plan (CRSP) 403(b). Generally, "Part-time" for purposes of CRSP 403(b) participation means normally working 20 hours or less a week. If a worker normally works more than 20 hours per week, he/she should be enrolled in the Concordia Plans as a full-time worker. Eligibility to participate in the CRSP 403(b) generally is effective on the first day of the month following the hire date.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Employer Information		
_____ Employer Name		_____ Employer Number	
B	Member Information		
Title	_____ Worker's Name (Last, First, Middle Initial)	_____ Previous Last Name	_____ Suffix Other: _____
_____ U.S. Social Security Number	_____ Canada Social Insurance Number	_____ Date of Birth(MM/DD/YYYY)	_____ Gender
_____ Worker's Address			
_____ City	_____ State	_____ Zip Code	
_____ Home Phone Number	_____ Cell Phone Number	_____ Country in Which You Hold Citizenship	
_____ E-mail Address		_____ Occupation	
C	<u>Marital Status</u>	<u>Worker's Job Information</u>	
Single – Never Married Married, Date. . . . _____ Widowed, Date . . . _____ Divorced, Date . . . _____ Legally Separated, Date _____		This worker is an/an: Hourly worker Salaried worker Job designation: Faculty Non-Faculty Pay frequency: Bi-Weekly(26) Monthly(12) Weekly (52) Semi-Monthly(24)	

11383-0824

D Total Annual Salary

1	2	3	4	5
Annual Cash Salary Paid Over 12-Month Period	Annual Amount for Housing if: _____		Annual Cash Utility Allowance Paid to Worker	Total Compensation Columns 1-4
	Home Provided (25% of Column 1)	Cash Paid to Worker		

E Worker Information

_____ Date of Part-Time Hire (MM/DD/YYYY) _____ Scheduled Number of Hours Worked Per Week

F Types of Contributions and Contribution Limits

Under IRS 403(b) regulations, employers have administrative and compliance responsibilities that require the following information:

- Have you contributed to any 403(b) providers other than the Concordia Retirement Savings Plan 403(b) during the current calendar year?
Yes No
If yes, please list the total amount contributed to any 403(b) provider(s) during the current calendar year (Exclude Concordia Retirement Savings Plan 403(b) contributions with current employer) \$ _____
- Both pre-tax salary deferrals and after-tax Roth salary deferrals may be contributed to the Concordia Retirement Savings Plan 403(b).
- You may elect to contribute to the CRSP 403(b) on a pre-tax basis or after-tax Roth basis (or combination of pre-tax and Roth) up to the annual maximum allowed under the Internal Revenue Code. For the 2024 calendar year, the annual deferral maximum is \$23,000 or 100% of your base salary, whichever is less.
- If you will be age 50 or older during the calendar year, you may elect an additional Catch-up contribution amount. For the 2024 calendar year, the maximum Age 50 Catch-up amount is \$7,500.

G Authorization for Regular Deferrals

<p align="center">Pre-Tax Deferrals</p> <p>Pre-Tax Contributions, which are withheld from my paycheck <i>before</i> taxes and contributed by my employer to the Concordia Retirement Savings Plan 403(b) on my behalf to my pre-tax account: I herby authorize my employer to deduct _____ % of my includible compensation per month as pre-tax contributions. OR I herby authorize my employer to deduct \$ _____ per month as pre-tax contributions.</p>	<p align="center">After-Tax Roth Deferrals</p> <p>After-Tax Roth Contributions, which are withheld from my paycheck after taxes and contributed by my employer to the Concordia Retirement Savings Plan 403(b) on my behalf to my after-tax Roth account: I herby authorize my employer to deduct _____ % of my includible compensation per month as after-tax Roth contributions OR I herby authorize my employer to deduct \$ _____ per month as after-tax Roth contributions.</p>
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Payroll Effective Date (MM/DD/YYYY): _____
(Continued on next page)

H	Age 50 Catch-Up Election
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If your total deferrals in the current calendar year will exceed the annual deferral limit (\$23,000 in 2024), and you are or will be age 50 or older in 2024, you may make Age 50 Catch-up contributions to the CRSP (up to \$7,500 in 2024).
Check this box if the amount authorized in section G includes Age Catch-up amounts.

I	Member Signature
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- The information entered is current and correct to the best of my knowledge.
- I understand and agree to the terms of this Enrollment Form and Salary Deferral Agreement and authorize the payroll deductions as indicated above. This Agreement shall apply to all includible compensation paid from the effective date specified, until cancelled, superseded, or I cease to be an eligible worker. This Agreement supersedes all previous agreements.
- I understand that I may change the percentage of wages or dollar amount contributed to the Concordia Retirement Savings Plan 403(b) only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.
- I have communicated my deferral eligibility to my employer, including any current year contributions to any other 401(k), 403(b), and SEP providers.

X _____
Signature of Member Date (MM/DD/YYYY)

J	Employer Representative Signature
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I have reviewed this Enrollment Form/Salary Deferral Agreement and will take action necessary for IRS and CRSP 403(b) compliance. I also understand the payroll deduction requirements of offering a pre-tax and after-tax Roth retirement savings plan and Automatic Contribution Arrangement, if applicable.

X _____
Signature of Authorized Employer Representative Date (MM/DD/YYYY)

Printed Name of Authorized Employer Representative Title or Office Held

CRSP Contact at Employer Contact Email Address Contact Phone Number

Important Note for Employer Representative:

- When you submit this form it will be sent to Concordia Plan Services
- Completion of this form will not start remittance of contributions. For assistance on remitting contributions, please contact Concordia Plan Services.