Online Enrollment Order Form

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK
If you have divisions set up for your plan, please complete a separate form for each division.

1.   Applicant Information ☐ **New Application** ☐ **Change** ☐

Company Name: _____

Group Account Number: _____

Division Name: _____ Division Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (   )_____ - _____   Fax: (   )_____ - _____

Primary Contact: **Mr./Mrs./Ms.** _____ Title: _____

        E-mail Address: _____

        Phone: (   )_____ - _____ Extension: _____

2.   Hardship Information

According to your current plan document, does your plan allow hardship withdrawals?
☐   Yes   ☐   No

What types of hardships are allowed?
☐   Safe Harbor
☐   Facts and Circumstances
☐   Other

What is the suspension period if a hardship is taken?
☐ 0 months   ☐ 6 months   ☐ 12 months

3. Operational Options

Please specify a Group Account Password (8 characters, at least one of which is a number):

_____

Please specify your monthly payroll days/dates below (i.e., 15th and last day of month, every other Friday, etc.):

_____

_____

_____

According to your current plan document, please indicate if your plan allows deferrals by:

☐   Percent Only ☐   Dollar Amount Only   ☐ Percent and Dollar Amount

According to your current plan document, please specify deferral minimum and maximum values *(if not previously provided, we have defaulted the minimum before tax deferral to 1% and the maximum before tax deferral to 15%)*.

Employee Before Tax Minimum Deferral Percentage: _____

Employee Before Tax Maximum Deferral Percentage: _____

Employee Before Tax Minimum Deferral Dollar Amount: _____

Employee Before Tax Maximum Deferral Dollar Amount: _____

Employee After Tax Maximum Contribution Percentage: _____

Please select how often you would like to receive your Deferral Change Report and the start date. *If the start date is not specified, we will generate your first report on the Tuesday following receipt of this form*:

Start Date: _____

☐   Weekly   ☐   Bi-Weekly   ☐   Monthly   ☐   Semi-Monthly

☐   Quarterly   ☐   Semi-Annually☐   Annually

If the date your file is scheduled to run falls on a weekend/holiday, do you want the file to generate on the business day before or after this date? *(Standard Default: After)*

☐   After   ☐   Before

Please select the format of this file and the sort order of choice.

File Format *(Standard Default: Report Format)*

☐   Electronic file (for direct upload to your payroll system)

☐   Report format (for easy review and manual update to your payroll system)
File Format Sort Order (Standard Default: Social Security Number)

☐   Social Security Number

☐   Last Name

☐   Employee ID number (Used for deferral feed purposes only)

Please select the information you would like included in your *file (Standard Default: Adds/Changes Only)*

☐   Participant deferral adds/changes only

☐   All participant deferrals with adds/changes identified with asterisks

If your plan document does not allow employees to enroll at any time, please specify the periods of time during which eligible employees can enroll in the space provided (i.e., If your plan allows for quarterly enrollment between June 1 and June 30, then complete with Start Date = June 1 and Stop Date = June 30. Provide start and stop dates for each enrollment period for the year.):

Start Date: _____   Stop Date: _____

Start Date: _____   Stop Date: _____

Start Date: _____   Stop Date: _____

Start Date: _____   Stop Date: _____

If your plan document does not allow employees to change deferrals at any time, please specify the periods of time during which participants can change their deferrals in the space provided (i.e., If your plan allows for semi-annual deferral changes between June 1 and June 30, then complete with Start Date = June 1 and Stop Date = June 30. Provide start and stop dates for each deferral change period for the year.):

Start Date: _____   Stop Date: _____

Start Date: _____   Stop Date: _____

Start Date: _____   Stop Date: _____

Start Date: _____   Stop Date: _____

Other scheduling (for use with PDI only):

Trial New Eligible File: This file generates prior to a plan's enrollment window and contains all employees who show as eligible as of the next plan participation date on our system. As the employer, you will review this file to ensure everyone is eligible and that no eligible employee is missing. A reject file may also generate showing all newly eligible employees with missing or defaulted addresses. Corrections can be made on Plan Service Center.

This file will generate approximately 45 days prior to each plan participation date unless indicated otherwise here: _____ (include preferred # of days).

New Eligible File: This file contains all eligible employees who will receive eligibility letters with their PIN and instructions on how to enroll via the Web site or Key Talk®. This file reflects any changes you made on the Trial New Eligible File and is for your records.

This file will run approximately 35 days prior to each plan participation date unless indicated otherwise here: _____ (include preferred # of days).

Eligibility Letters: *These letters will be generated approximately 30 days prior to each plan participation date unless indicated otherwise here*: _____ (include preferred # of days).

4.   User Information

Indicate the Plan Service Center Contact and user ID you would like us to send the Deferral Feed to:

Contact Name: _____

Phone Number: _____

PSC User ID: _____

Email Address (Required):   _____

5.   Signatures

Employer Name (please print):   _____

Employer Signature: _____

Date: _____