

**Salary Reduction Contributions Election Form**

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| Employee Information |
| Employee Name (Last, First, Middle Initial) | Social Security Number |
|       |       |
| Employee Street Address | Plan Year (from/to) |
|       |       |
| City, State, Zip | Hours Regularly Worked Each Week |
|       |       |

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| Pre-Tax Contributions |
| *Listed below are the benefits that may be available as an employee of Lightbearers Ministries. Please indicate which benefits you elect to deduct pre-tax by checking the box next to the applicable benefit.* |
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| **Benefits** |
| [ ]  Medical |  | [ ]  Simple IRA |
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| $      per month; $      per pay period |  | [ ]  3% of gross salary or [ ]  $      per pay period |

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| Pre-Tax Contribution Authorization |
| I authorize the adjustment to my annual base salary based on my elections above. I understand that by signing and submitting this form I am making a binding election for the Plan Year as stated unless such revocation or new election is on account of and consistent with a change in status (e.g., marriage, divorce, death, and termination of employment of spouse). I further understand that this form must be signed and dated prior to my Plan Effective Date in order to be eligible to participate in the Plan Year. |
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| Signature:       | Date:      /     /      |

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| Waiver of Pre-Tax Contributions |
| The benefits of the Plan have been thoroughly explained to me and I decline to participate. I understand that I cannot re-enroll until the beginning of the next Plan Year or until I experience a change in status that would allow me to change my election. |
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| Signature:       | Date:      /     /      |