

Waiting Period

If the employee must complete a service period (waiting period) with the employer prior to receiving employer contributions, the following service period (not to exceed one year) applies: _____.

Important Restriction on Employer Contributions

An employer's matching and non-matching contributions must be provided to all of its employees on an equal basis as described above, unless the distinctions made among employees or groups of employees is permitted by Section 3.02(a) or 3.02(b) of the plan document NC 401(k) Plan, available at myNCRetirement.com. If such distinctions are made, describe them and how they comply with Section 3.02(a) or 3.02(b) of the plan document:

Law Enforcement Officers

Does the employer employ law enforcement officers for purposes of N.C.G.S. §§ 143-166.30(e) or 143-166.50(e)? Yes No


For each law enforcement officer employed by the employer, the employer shall remit five percent of the officer's salary as required by § 143-166.30(e) (state LEOs) and 143-166.50(e) (local LEOs).

In addition, law enforcement officers, except for Sheriffs, receive the court costs required by N.C.G.S. § 143-166.30(e) and 143-166.50(e). For county employers only, please provide the following:

Name of Sheriff: _____ Last four of SSN: _____

Will law enforcement officers receive the contributions described above in "Matching Contributions" and "Non-matching Contributions" *in addition to* the five percent of an officer's salary and the court costs required by N.C.G.S. §§ 143-166.30(e) or 143-166.50(e)?

Yes No



The Employer Contributions Program was adopted by the following board, commission, council, or other governing body of the employer: _____.

Please indicate the date of adoption: _____, 20_____.
month day year

THE EMPLOYER IS REQUIRED TO SUBMIT A REVISED FORM TO PRUDENTIAL VIA EMAIL AT NCPLANS@PRUDENTIAL.COM IF ANY OF THE INFORMATION ON THIS FORM CHANGES OR CEASES TO BE COMPLETE AND ACCURATE.

I certify that the information on this form is complete and accurate and that I am authorized by the employer to act on behalf of the employer and to provide such information.

Signature: _____

Name (print): _____

Title: _____

Date: _____

Employer Contributions Program Form – NC 457 Plan (2 Page Form)

Participating employers in the NC 457 Plan are permitted to make employer contributions to employees' accounts in accordance with applicable law and the plan document for the NC 457 Plan.

Name of Employer: _____

Employer (Subplan) Number: _____

Type of form: New Revised


Ceasing Employer Contributions (Select if applicable)

By providing the date in the following sentence, the employer is electing to cease providing employer contributions as of such date. The current employer contribution program shall cease on the following date:
_____.

Description of Employer Contributions Program

1. Describe the employee(s) or group(s) of employees who are eligible for employer contributions. Include the required employment period (waiting period) before an employee becomes eligible for employer contributions, if any, which may not exceed one year.

2. Describe the contributions that eligible employees will receive. The methods can vary across employees and/or groups of employees. For example, you may choose to allocate a fixed dollar contribution to one group while basing contributions on percentage for another group.



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month day year

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Signature: _____

Name (print): _____

Title: _____

Date: _____