Contribution/Employee Status Change Template

Required Information	*Sample*	Enter your information here
Submission Date:	*1/1/2019*	
Account Name:	*Your Plan 3121*	
Plan ID	*NIS123G5*	
Plan Type:	*3121*	
Contact Name:	*FIRST LAST NAME*	
Contact Email:	*youremail@youremail.com*	
Contact Number:	*(123) 123-1234*	

Data Requirements

STANDARD DATA													UPDATE/CHANGE		
SSN	Last Name	First Name	Address	City	State	Zip	Home Phone	Home Email	Date of Birth	Date of Hire	Date of Separation**	3121/APPLE Deposit Amount	Status	Status Change Date	Note

** If participant is currently employed, please indicate "active." If the participant was previously retired and have been rehired, please indicate, "rehired" with their rehired date.

Contribution/Employee Status Change Template

Required Information	*Sample*	Enter your information here
Submission Date:	*1/1/2019*	
Account Name:	*Your Group SPP Plan*	
Plan ID	*NIS123G6*	
Plan Type:	*Special Pay Plan*	
Contact Name:	*FIRST LAST NAME*	
Contact Email:	*youremail@youremail.com*	
Contact Number:	*(123) 123-1234*	

Data Requirements

NOTE : In providing this data, the Employer understands that participation in the HRA plan is mandatory for all participants in the employee/retiree Classes the Plan applies to. Individuals within Employee Classes cannot have a cash option. Where both a HRA and Special Pay Plan apply to the same Employee Class, the allocation to either Plan is ultimately an Employer determination and must be uniformly applied by Class. Although the Employer may take allowable nondiscriminatory factors into account in determining Employee Classes, Participants cannot have an individual choice.

STANDARD DATA																	UPDATE/CHANGE		
SSN	Last Name	First Name	Address	City	State	Zip	Home Phone	Home Email	Date of Birth	Date of Hire	Date of Separation**	Voluntary 403(b) Contributions **	Includible Compensations ***	Special Pay Deposit Amount	Contribution Frequency ****	Vesting *****	Status	Status Change Date	Note

** Include all contributions made to any 403(b) plan on a voluntary basis
***Compensation should be calculated for the employee's most recent full calendar year of service
****Indicate how often a contribution will be made for the employee. Please note that contributions can only be made for up to five (5) years post-employment
*****If a vesting schedule applies, please enter in the percentage the employee is currently vested