

**2023 LAY EMPLOYEE DEFINED CONTRIBUTION RETIREMENT PLAN
 Enrollment form and/or Pre-Tax Payroll Deduction Authorization form**

Who can participate? It is a canonical requirement that lay employees, over 18 years of age and scheduled to work an average of at least 20hr/week be enrolled in the Lay DC Retirement plan with CPG immediately upon hire. Employees working less than 20hr/week can participate in the plan funded by employee contributions only but must complete and return the [Employee Application for Membership](#) to CPG before payroll deductions can begin.

Benefits of participation: Employers contributes 5% of employee compensation into your retirement plan account, and matches employee personal contributions, dollar for dollar, up to 4% of employee compensation. Employees in the Diocese of California are immediately vested, you have a non-forfeitable right to all the money in your account, including your employer’s contributions and any interest it has generated. Personal contributions are withheld from each paycheck on a pre-tax basis.

Employee Legal Name (last, first): _____

Date of Birth (mm/dd/yy): _____ **SS#** (New enrollees ###-##-#### Existing participant last 4 only) _____

(Spouse data required for retirement per CPG plan rules):

Spouse’s Legal Name (last, first): _____

Date of Marriage: _____ **Spouse’s DOB:** _____ **Spouse’s full SS# or TIN:** _____
 (mm/dd/yy) (mm/dd/yy)

<p>I choose <u>not</u> to make personal contributions</p> <p><input type="checkbox"/> By checking this box, employee understands that they are choosing not to make contributions to the Lay DC Plan and, therefore, will not be entitled to receive any matching contributions under the terms of the Lay DC Plan and your employer’s Lay DC Plan Adoption Agreement. Employee will still be entitled to receive the base employer contribution (if applicable) under the terms of the employer’s Lay DC Plan Adoption Agreement even if they do not contribute.</p>	
<p>I choose to make personal contributions and have indicated the following amounts. Deductions will begin the first pay date that follows submission of form to DioCal Payroll Office</p> <p>Percentage of compensation contribution. Enter the percentage of your compensation that you want to contribute to the Plan. (Amt. withheld will adjust automatically with payroll fluctuations)</p> <p>OR</p> <p>Flat dollar amount contribution. Enter the dollar value of your PER PAY PERIOD contribution (Dollar value will not adjust automatically with fluctuations in paycheck or compensation changes). Flat dollar amounts should only be set for “salaried” employees and should not exceed 80% of taxable income.</p> <p align="right">2023 maximum base contribution is \$22,500*</p>	<p align="center">DEDUCTION AMT. PER PAYCHECK</p> <p align="center">BASE CONTRIBUTIONS</p> <p align="center">_____ %</p> <p align="center"># between 1-80%.</p> <p align="center">OR</p> <p align="center">\$ _____</p>
<p align="center">Catch-up contributions for those over age 50 (who wish to contribute more than base limit of \$22,500)</p> <p align="right">2023 maximum catch-up contribution is \$7,500*</p>	<p align="center">Catch-up contribution</p> <p align="center">\$ _____</p>
<p>*Note for mid year start date: If you wish to reach the annual maximum contributions by Dec. 31 divide the max. amt. by the number of pay periods remaining for the year. There are 24 pay periods per year (2 per month). Refer to the annual payroll calendar for deadlines & remaining pay periods in the year</p> <p align="center">The payroll system should automatically stop deductions when annual max. contribution has been reached.</p>	

The above named employee authorizes the Diocese to withhold the amount shown above from each paycheck. By signing below we recognize that the payroll deductions are returned to the employer through the payroll invoice. Employee contributions are to be directed to the plan administrator in accordance with plan guidelines by the employer, not Diocese.

Employee signature: _____ **Date** _____

Employer signature: _____ **Date** _____

Employing Entity: _____ **3-digit Parish Code:** _____

Organization name, city location (ie: St. Swithen’s, Oakland)

**Return this form to Diocese of California Payroll Office
 email: sarahc@diocal.org (preferred) or fax: 415-673-4863**