

Item 4.d.

Irrevocable Employer Match

**ENROLLMENT FORM
3% MANAGEMENT MATCH PROGRAM**

This program allows a City match of up to 3% of base salary through either the ICMA 457 Deferred Compensation Plan or 401A Plan. The City's contribution will be considered as FICA wages for the 457 plan only, therefore these taxes will be paid by you (7.65%). Participation in the program is voluntary and can be stopped at any time. To **stop** participation, please notify the Finance Department.

Name of Participant (Print)

Employee Number

Start Date

_____ I **AGREE** to participate in the 3% Management Match Program and wish to match _____% (no more than 3% for the 401A Plan).

I wish these monies to be contributed to:

_____ ICMA 457 Deferred Compensation Plan

_____ ICMA 401A Plan

_____ I **DO NOT** want to participate in the 3% Management Match Program.

Signature of Participant

Date

Checklist of forms to be included:

ICMA (457/401A) enrollment form for new participants

ICMA (457/401A) change form for existing participants

FOR PAYROLL USE ONLY

Completed by: _____

Date: _____