

Buhler USD 313
403(b) Plan Enrollment Form for Non-Benefit Eligible Employees

As a Variable Hour, Seasonal, or other Non-Benefit Eligible employee I understand that I may voluntarily choose to participate in the USD 313 403(b) Retirement Plan. If I choose to participate I will be contacted by a Plan Administrator from Pathway Financial to set up a recurring payroll deduction during the months that I receive a paycheck. There is a \$25 minimum contribution to participate. These retirement funds will be deposited with the approved company of my choice. Please call 888-756-6670 with further questions.

Date: _____

_____ I wish to participate in the Buhler USD 313 403(b) Retirement Plan
(complete the rest of the form)

_____ I choose not to participate in the Buhler USD 313 403(b) Retirement Plan
(print your name below and sign at the bottom)

Participant Name: _____
(First, Middle, Last Name)

Mailing Address _____
(Street Address, City, State, Zip)

Residential Address _____
(if different from mailing address)

Date of Hire: _____

Gender: ___ Male ___ Female

Social Security Number _____ Date of Birth _____

Personal Phone Number _____ Work Phone Number _____

Email Address _____

I understand that I am eligible to participate in the Buhler USD 313 403(b) Plan.

Signature: _____

To find more contact information and to check for the most current list of providers, please go to Baybridge Administrators plan details for USD 313. (<http://www.bbadmin.com>)