



## Defined Contribution Election Form

After you have completed and signed this form, please fax to (313) 224-1917 or mail to 28 West Adams, Suite 1900, Detroit MI 48226.

### Information About You

XXX - XX -

Full Name (first, middle, last)

Last Four of Social Security Number

( ) -

Employee ID  
Number

Department

Email Address

Daytime Phone Number

### Plan (check one)

- I am a member of the Defined Contribution Plan. I understand that I am required to contribute 4% to the Defined Contribution Plan and the employer will contribute 10%.
- I am a member of the Defined Benefit Hybrid Plan. I will refer to my Collective Bargaining Agreement regarding contributions.

### Voluntary Non-Matching Contributions (check one)

- I am requesting to make voluntary, non-matching contributions to either the Defined Contribution Plan 4, the Defined Benefit Hybrid Plan 5 or the Defined Benefit Hybrid Plan 6 of \_\_\_\_% of my bi-weekly retirement eligible wages or a flat dollar amount of \$\_\_\_\_\_. (Up to an additional 7.5%)
- I am requesting to stop voluntary, non-matching contributions to the Defined Contribution Plan 4, the Defined Benefit Hybrid Plan 5 or the Defined Benefit Hybrid Plan 6.
- I do not want to make additional voluntary contributions to the Defined Contribution Plan 4, or to the voluntary component of the Defined Benefit Hybrid Plan 5. (New employees only)

### Authorization

I certify that the information above is accurate and complete. I authorize Wayne County Employees' Retirement System to process my Defined Contribution request according to the instructions above.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date Signed

Office Use Only

Processed By \_\_\_\_\_

Remarks \_\_\_\_\_ Effective Date \_\_\_\_\_

Completion Date \_\_\_\_\_