

Effective Pay Period Number _____

Effective Pay Period Ending Date _____

PERA 401(k) Plan Enrollment/Change Form

Please return completed form to Human Resources.

Employee Name	Employee ID Number
Department	Employee Work Phone Number

I elect to participate in the PERA 401(k) Plan. I authorize a per pay period contribution, amount listed below, to be deducted from my pay (specify a percentage or dollar amount):

_____ % (percent of gross pay) **or**

\$ _____ (dollar amount per pay period)

By checking the box below, I am requesting my PERA 401(k) Plan contributions stop effective as indicated above.

Please stop my PERA 401(k) Plan contributions.

Employee Signature _____

Date _____

HR _____

Date _____