TULALIP TRIBES OF WASHINGTON LME FISHERIES PENSION PLAN

PARTICIPANT ENROLLMENT/CHANGE FORM

Name _____ Social Security #_____
Last First MI

Clock-In # _____ Department: _____

Date of birth _____ Phone Number: _____

Please check one of the following boxes:

☐ First time enrollment. Complete Steps 1, 2, and 3.

☐ Change to my enrollment to a flat percentage or dollar amount. Complete Steps 1, 2, and 3.

☐ I want to contribute 7.65% and receive the employer match of 10.65%. Complete Step 2.

☐ I **do not** want to contribute to the Plan at this time. Complete Steps 2 and 3.

Step One: Confirm or Change Your Contribution Rates

Effective Date: _____ (beginning of each month)

Percentage – each pay period: _____%

Flat Dollar Amount – each pay period $_____

Step Two: Sign Here

Employee Signature: _____ Date: _____

Step Three: Return the Completed and Signed Form to your Benefits Department