



# 401(k)/457(b) Contribution Election Form – GMEA Retro Pay 2024

**EFFECTIVE DATE OF PAYROLL DEDUCTION: 07/12/2024**

Employee Name ( <i>First, MI, Last</i> )			Employee Social Security Number
Street Address			Phone Number
City	State	ZIP	Email Address*

*\*Please note your email address will only be used to communicate with you regarding employee benefits.*

### 401(k)/457(b) CONTRIBUTION ELECTION

**Retro Pay date 07/12/2024**

401(k) Deduction Amount\* \_\_\_\_\_ %

457(b) Deduction Amount\* \_\_\_\_\_ %

(\*Enter a percentage of retro ONLY)

### EMPLOYEE ACKNOWLEDGEMENT *Please return completed form to the Town of Greenwich Employee Benefits*

I authorize the Town of Greenwich to initiate the following payroll deduction to contribute to my 401(k)/457(b) on a one-time basis. I understand that the deduction will take effect ONLY for the effective date indicated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### PAYROLL DEDUCTION INFORMATION *To be completed by the Town of Greenwich Employee Benefits.*

Employee Benefits Representative: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FORM MUST BE RECEIVED BY July 1, 2024**