



Deferred Compensation Employer Contribution PARTICIPATION AGREEMENT FORM

Name: _____

Dept./Division: _____

SSN: _____

Phone Number: _____

Declination

I hereby acknowledge receipt of information about the City of Oakley's deferred compensation benefit and that I have been given the opportunity to enroll. I elect **not to** receive this benefit at this time. I understand that I may elect to participate at a future date; however, if I elect to participate in the future, the City will **not** make retroactive any matching benefit for any period prior to my election to participate.

Authorization

I elect to participate in the City of Oakley's deferred compensation matching benefit and agree with the terms and conditions below.

I hereby apply to exercise my option, as an employee of the City of Oakley, to participate in the deferred compensation benefit and have the City match up to 1% of my base salary. I elect to participate in the deferred compensation plan below:

401(a) Plan Employee Contribution: \$ _____ /pay period

457 Plan Employee Contribution: \$ _____ /pay period

Disclosure Statement

I understand that the deferred compensation benefit is subject to change with prior notice. I am fully aware of the terms and conditions under which this option operates and to which I am subject in agreeing to participate in the option. The terms and conditions are outlined below.

1. The deferred compensation contribution will be deducted on a bi-weekly basis.
2. I can elect to participate at any time; however, the deductions and employer matching contributions will commence on the beginning of the next pay period after Human Resources has received my enrollment form in addition to this Participation Agreement Form.
3. I agree to all terms and conditions contained in this Participation Agreement and the terms and conditions will remain in effect until I discontinue my participation in the City of Oakley's deferred compensation plans. I further certify that the information furnished is true and correct.

Employee Signature

Date

To be completed by the Employer:

Date received: _____

Effective date: _____

Human Resources Signature

Date