



TOHONO O'ODHAM NATION
Tax Qualified Governmental 401(k) Plan
Participant Contribution Election Form

- New Enrollment**
- Re - Enroll**
- Contribution Change**

Step 1: Participant Information (Please Print)

Name		Social Security #	
Address		Department	
Date of Birth	Hire Date	Original Hire Date	Contact #

Step 2: Participant Contribution Election to the Plan (Check One)

I elect to **PARTICIPATE** in the Plan and have the following percentage _____% (from 1% to 100%, must be in whole percentages) of my salary deducted from each pay period as a pre-tax salary deferral contribution to the Tohono O'odham Nation Government 401(k) Plan.

I voluntarily **DECLINE** participation in the plan. I am aware that Tohono O'odham will be contributing 5% based on my bi-weekly earnings to my 401(k) account.

I elect to **CHANGE** my existing employee contribution to the following percentage: _____%

I elect to **STOP** my employee contribution.

NOTE: This agreement will remain in effect until an updated Participant Contribution Election Form is filled out and submitted to the Human Resources Retirement Office.

Step 3: Participant Signature

Employee: _____	Date: _____
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Section Below
 ***** **For Human Resource Office Use Only** *****

Human Resource		Payroll
Received By: _____	Date: _____	Date Entered: _____
Effective Date: _____		Entered By: _____
401(k) ELIG CODE: _____ Y (Eligible for employee/employer contribution & match)		
Qualifying as: <input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire		

Comments:
