

**U.A. Local No. 393  
Defined Contribution Plan**

**ELECTION FORM FOR PRE-TAX DEFERRALS INTO 401(k) ACCOUNT**

If you are working for a signatory employer under the jurisdiction of the U.A. Local No. 393 Master Labor Agreement or another collective bargaining agreement allowing contributions to the U.A. Local 393 Defined Contribution Plan, then you are eligible to elect to defer, on a pre-tax basis, part of your income into a 401(k) account established for you under the Profit Sharing Plan. To participate in the 401(k) feature of the Profit Sharing Plan, you must file this election form with the local union office.

**The hourly 401(k) deferral amounts are \$0.00, \$1.00, \$2.00, \$4.00, \$6.00, \$8.00, \$10.00, and \$12.00. If you wish to change the amount of your 401(k) deferral you must file a signed, completed copy of this form with the local union office.**

- I do not wish to participate in the 401(k) feature of the Profit Sharing Plan at this time.
- I hereby elect to participate in the 401(k) feature of the Profit Sharing Plan. I authorize my employer/employers to withhold from my wages each pay period as follows: (check one)
- \$1.00\*
- \$2.00\*
- \$4.00\*
- \$6.00 \*
- \$8.00 \*
- \$10.00\* or
- \$12.00\*

for each hour of covered employment for which I am paid. I understand that my total withholding during the 2018 calendar year may not exceed \$18,500 if under the age of 50, and an annual limit of \$24,000, if age 50 or older. Participants must monitor their annual contributions and make adjustments if limits are reached. *(If your maximum annual contribution amount is met before years end, your 401(k) deferral amount will be changed to \$0.00 for the remainder of the calendar year, but will be automatically changed back to your previous deferral amount effective January 1, 2019. A new referral will be sent to you, if you do not receive it by January 30<sup>th</sup> contact the Union office immediately).* The withholding will become effective when feasible following receipt of this completed Enrollment Form by the local union office. This election shall apply to all signatory employers that I may work for unless and until I elect out of participation by completing an Enrollment Form electing to have \$0.00 withheld from my wages. Contact the local union office if you need additional copies of this form.

\_\_\_\_\_  
(PRINT NAME)

XXX-XX-\_\_\_\_\_  
(Social Security Number – Last 4 Digits)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Current Employer: \_\_\_\_\_

\*The payment of 401(k) deferrals shall be at the per hour rate for straight time, overtime, and/or double time rate