



Utah Retirement Systems

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SERVICE AGREEMENT FORM

INSTRUCTIONS:

1. Use this form to select URS savings plans and/or programs you, as the employer, elect to offer to your employees through URS outside of the mandated participation and requisite contributions for employees in the Tier 2 retirement systems. Please note, if you are currently a participating employer any changes will supersede previous selections.
2. Complete all applicable sections and check all boxes that apply. You must check the box for any plan or program you wish to participate in. If you do not check the box for a particular option, your employees will not be able to participate in that plan or program through payroll deduction (even if you have previously participated).
3. In order to formally elect an employer pick-up of retirement contributions in the Tier 2 Public Safety and Firefighter Contributory Retirement System, please see form *MEMS-50*.
4. Employers are required to have clearly defined policies outlining non-elective contributions, matching contributions, and/or restrictions to employee elective deferrals, in addition to those required by Utah Code Title 49.
5. Employers participating in the Automatic Enrollment Plan are required to have a clear and defined policy regarding automatic contributions.
6. The *401(k) and 457(b) Plan Documents*, *401(k) and 457(b) Summary Plan Descriptions*, *IRA Disclosures*, and *IRA Guidebook* are available at www.urs.org or by contacting the Savings Plans Department.

SECTION A » EMPLOYER INFORMATION	
Name of Employer	Unit Number
Email Address	Phone Number

SECTION B » TIER 1 401(k) PLAN SELECTION

The employer authorizes the following:

Tier 1 401(k) Plan Participation – Check the box if you permit your Tier 1 employees to participate and make elective deferrals to the 401(k) Plan.

Please Note: Contributions and deferrals into the 401(k) Plan must be coordinated with contributions to other qualified defined contribution plans and code 403(b) plans, for maximum limit testing.

SECTION C » 401(k) PLAN MATCHING AND RESTRICTIONS

The employer authorizes the following (check all that apply):

401(k) Matching – Check the box if you offer a 401(k) match for your employees.

Specify your matching formula (e.g. 100% match up to 5%, dollar for dollar match up to \$200, 50% match up to 8%) and which tier (Tier 1, Tier 2, or both) the match applies to:

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SECTION C » 401(k) PLAN MATCHING AND RESTRICTIONS

401(k) Restrictions – Check the box if you have restrictions to 401(k) elective deferrals and/or matching contributions.

List any restrictions you have to employee elective deferrals and/or matching contributions:

Please Note: Contributions and deferrals into the 401(k) Plan must be coordinated with contributions to other qualified defined contribution plans and code 403(b) plans, for maximum limit testing.

SECTION D » 457(b) PLAN SELECTION, MATCHING, AND RESTRICTIONS

The employer authorizes the following (check all that apply):

457(b) Plan Participation – Check the box if you permit your employees to participate and make elective deferrals to the 457(b) Plan.

457(b) Matching – Check the box if you offer a 457(b) match for your employees.

Specify your matching formula (e.g. 100% match up to 5%, dollar for dollar match up to \$200, 50% match up to 8%) and which tier (Tier 1, Tier 2, or both) the match applies to:

457(b) Restrictions – Check the box if you have restrictions to 457(b) elective deferrals and/or matching contributions.

List any restrictions you have to employee elective deferrals and/or matching contributions:

Please Note: Contributions and deferrals into the 457(b) Plan must be coordinated with contributions to other employer sponsored governmental 457(b) plans, for maximum limit testing.

SECTION E » ROTH AND TRADITIONAL IRA PARTICIPATION AND RESTRICTIONS

The employer authorizes the following (check all that apply):

- Roth and Traditional IRA – Check the box if your employees are allowed to participate in the IRA program through after-tax payroll deduction.

- Roth and Traditional IRA Restrictions – Check the box if you have restrictions to Roth and Traditional IRA participation.

List any restrictions you have to employee contributions through after-tax payroll deduction:

SECTION F » LOANS FROM THE 401(k) and 457(b)

The employer authorizes the following:

- Loans from the 401(k) and 457(b) – Check the box to allow loans from the 401(k) and 457(b) Plans through after-tax payroll deductions for loan repayments.

SECTION G » AUTOMATIC ENROLLMENT PLAN

The employer authorizes the following:

- Automatic Enrollment Plan – Check the box if you automatically enroll new employees in the 401(k) or 457(b) Plan. List the plan type and the amount of automatic contributions below:
 - Plan type: 401(k) - Automatic contribution of _____ % or \$ _____
 - 457(b) - Automatic contribution of _____ % or \$ _____

For questions regarding automatic enrollment, please contact URS at the phone number listed at the top of page 1.

SECTION H » EFFECTIVE DATE OF SERVICE AGREEMENT

These changes will only be made prospectively and URS is prohibited from making retroactive changes.

Desired effective date: As soon as administratively possible or Future Date: _____

SECTION I » EMPLOYER AUTHORIZATION

By signing and submitting this Service Agreement Form for processing, I certify that:

- I have the power and authority to sign and make changes on behalf of the named employer;
- I understand and agree on behalf of the named employer to comply with the employer requirements and obligations as found in Utah Code Title 49 and applicable URS rules and policies;
- I understand the URS 401(k) and 457(b) Plans are established and governed by Utah Code Title 49 and are administered as federally qualified plans, which means they must comply with the Internal Revenue Code and applicable IRS regulations and guidance;
- The named employer has reviewed the *401(k) and 457(b) Plan Documents, 401(k) and 457(b) Summary Plan Descriptions, IRA Disclosures, and IRA Guidebook*;
- I agree that the named employer will indemnify URS from and against any claims or other liability including attorney fees based upon the named employer's failure to comply with its obligations under this Agreement;
- I understand the named employer is required to have clearly defined policies outlining non-elective contributions, matching contributions, and or restrictions to employee elective deferrals, in addition to those required by Utah Title 49;
- I understand participating in the Automatic Enrollment Plan requires the employer to have a clear and defined policy regarding automatic contributions;
- I understand and agree that it is the named employer's responsibility to know and comply with its rights, responsibilities, and obligations under Utah Code Title 49.

Print Name	Title
Authorized Signature	Date