



Utah Retirement Systems
PO Box 1590
Salt Lake City, UT 84110-1590
801-366-7720 | 800-688-4015
www.urs.org

DESIGNATED ROTH 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 indicate participation by checking 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 contributions, in addition to those required by Utah Code Title 49.
5. Contributions into the 401(k) and Roth 401(k) Plans must be coordinated with contributions to other qualified defined contribution plans and code 403(b) plans, for maximum limit testing.
6. Contributions and into the 457(b) and Roth 457(b) Plan must be coordinated with contributions to other employer sponsored governmental 457(b) plans, for maximum limit testing.
7. Employers participating in the Automatic Enrollment Plan are required to have a clear and defined policy regarding automatic contributions.
8. The *401(k) and 457(b) Plan Documents, 401(k), Roth 401(k), 457(b), and Roth 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 » Roth 401(k) PLAN

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

Roth 401(k) Plan Participation – Indicate if you permit your employees to participate and make elective contributions to the Roth 401(k) Plan through after-tax payroll deduction.

Roth 401(k) Matching – Indicate if you offer a Roth 401(k) match for your employees.

This employer match will be posted to the: **401(k) Plan** **457(b) Plan**

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 B » Roth 401(k) PLAN

Automatic Enrollment – Indicate if you automatically enroll new employees and the default percentage to which you enroll them in the Roth 401(k) Plan.

Percent of automatic employee contribution _____ %.

Automatic Escalation – Indicate if you participate in automatic escalation and the percentage you annually escalate employee contributions.

Annual percent of automatic employee contribution escalation _____ %, up to _____ % (max. 15%).

Loans – Indicate if you allow loans from the Roth 401(k) Plan through after-tax payroll deductions for loan repayments.

Indicate if you allow Defined Benefit ineligible employees to make elective contributions to the Roth 401(k) Plan.

Roth 401(k) Restrictions – Indicate if you have restrictions to Roth 401(k) elective contributions and/or matching contributions.

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

SECTION C » ROTH 457(b) PLAN

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

Roth 457(b) Plan Participation – Indicate if you permit your employees to participate and make elective contributions to the Roth 457(b) Plan.

Roth 457(b) Matching – Indicate if you offer a Roth 457(b) match for your employees.

This employer match will be posted to the: **401(k) Plan** **457(b) Plan**

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 » ROTH 457(b) PLAN

Automatic Enrollment – Indicate if you automatically enroll new employees and the default percentage to which you enroll them in the Roth 457(b) Plan.

Percent of automatic employee contribution _____ %.

Automatic Escalation – Indicate if you participate in automatic escalation and the percentage you annually escalate employee contributions.

Annual percent of automatic employee contribution escalation _____ %, up to _____ % (max. 15%).

Loans – Indicate if you allow loans from the Roth 457(b) Plan through after-tax payroll deductions for loan repayments.

Indicate if you allow Defined Benefit ineligible employees to make elective contributions to the Roth 457(b) Plan.

Roth 457(b) Restrictions – Indicate if you have restrictions to Roth 457(b) elective contributions and/or matching contributions.

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

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 *Roth 401(k), and Roth 457(b) Summary Plan Descriptions*;
- 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 contributions, 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