MERS 457 Employer Contribution Addendum

This is an Addendum to the Participation Agreement completed by _____
Name of Employer

for _____ of _____.
Employee Group   Division Number

The Addendum modifies the MERS 457 Participation Agreement. Please complete this addendum for each contribution structure associated with the covered employee group.

I.   Employer Contributions

The Participating Employer may make matching contributions and/or non-matching contributions. In no event will the employers' matching contributions and participant contributions combined exceed IRS maximums established annually, Section 457(e)(5).

The Participating Employer elects to make contributions as follows (check *Matching, Non-Matching*, or both as applicable):

☐   A.   **Matching Contributions**

Employer Contributions shall be made to match all or a portion of a participant's compensation deferred into this Program. The Employer elects the following matching contribution formula **(check and complete *Percentage* or *Flat Dollar* and *Employer Cap*, if applicable, below)**:

☐   **Percentage:** For each payroll period in which the participant deferred compensation into the Program, the Employer will contribute _____% of the deferral amount.

For example, if an Employer elects a 50% match, then for every $10 the participant defers to the Program, the Employer will contribute $5 to the Program.

☐   **Flat Dollar:** For each payroll period in which the participant deferred at least $ _____ to the Program, the Participating Employer will contribute $_____ per payroll period.

Employer Cap: The Employer elects to establish a cap on its matching contributions, so that the match amount cannot exceed a certain amount. The Employer elects the following cap on its matching contribution:

☐   **Flat Dollar Cap:** In no event will matching contributions made on behalf of a participant exceed a flat dollar amount equal to $_____ per _____.
(pay period / year / etc.)

☐   **Cap Equal to Percentage of Total Compensation:** In no event will matching contributions made on behalf of a participant exceed _____% of the participant's compensation as defined by Section 1.9 of the Plan Document.

☐   B.   **Non-Matching Contributions**

The Employer hereby elects to make contributions to the Program without regard to a participant's contribution to the Program. The Employer elects the following contribution formula (check one):

☐   **Annual Contributions:** A one-time annual contribution of $_____ or _____% of compensation per participant.

☐ $ _____ or _____% of compensation per participant for each payroll period.