

Employee Information Form

omont

| LAST NAME | | FIRST NAME | |
|--------------|---|---|--|
| | NCY CONTACT INFORMATION Emergency, please contact: | | |
| Name: | | Home Phone: | |
| Address: | | Cell Phone: | |
| | K HANDLING | | mation record |
| | I would like to pick up paper checks from Chipton-R | | |
| | I would like to enroll in direct deposit, and I understand that my paystubs and other tax related information will be available for me to view on the myTime employee portal. (Please return direct deposit enrollment form.) | | |
| | I would like to receive paper checks via US Postal Mail. Please mail my live checks to: | | |
| | | | |
| | City | State | Zip Code |
| . , | irement Plan - **Automatic Enrollment** tirement Solutions 401(k) Plan - http://www.grs401 | kplan.com - visit for more infor | mation |
| | I elect to contribute the following percentage OR dollar a | mount of my pre-tax compensation ea | ach payroll period to the plan. |
| | % OR \$ (max 90%, default 3%) (Dollar Amount) | and please stop at: \$ (Limits for 2019: 18,500.00 or 24,500.00 contributions made this year. | this year. (ages 50+)); limit should be adjusted for any previous |
| | I do not want to enroll in the 401(k) plan. This election will not prohibit any future election I may make to contribute to the plan. | | |
| | ***Note: failing to select an option or specifying a contribution | ution type/percentage will automatical | ly enroll you at 3%. |
| Safety Bo | oklet and Policy Statements - located on www.chiptonross.co | om, under forms, for your review. | |
| I have revie | wed and understand Chipton-Ross' Employee Safety Bookl nd I agree to comply with the safety and policy guidelines wi | et, Policy Statements and Chipton-Ro | oss Policy & Procedure Initial |