SALARY DEFERRAL AGREEMENT IRC SECTION 457
Louisiana Public Employees Deferred Compensation Plan
2237 South Acadian Thruway, Suite 702 – Baton Rouge, LA 70808

EMPLOYER /AGENCY NAME	EMPLOYER ADDRESS/LOCATION	PLAN #/ DEPT#
	Work #:(___) ___ - ____	**98228-01 /**

EMPLOYEE NAME & ADDRESS: **SOCIAL SECURITY #:**

Last Name _____ First Name _____ MI ___

___ - ___ - _____

Address – Street & Number _____

ANNUAL SALARY: $

City _____ / State _____ / Zip Code _____

Home #:(___) ___ - ____

PAY PERIODS: ☐ **BI-WEEKLY** ☐ **SEMI-MONTHLY** ☐ **MONTHLY**

SELECT ONE OF THE FOLLOWING:

☐ **New Enrollment** ☐ **Increase Contributions** ☐ **One Time Annual Leave Pay** ☐ **Single Payroll Deduction**

☐ **Restart Contributions** ☐ **Decrease Contributions** ☐ **One Time Incentive Pay** ☐ **Stop Contributions**

CONTRIBUTION ELECTION: 2012 ANNUAL LIMIT: $17,000 or 2012 AGE 50+ LIMIT: $22,500

PARTICIPANTS ARE RESPONSIBLE FOR MONITORING THEIR CONTRIBUTIONS AND LIMITS

☐ **Dollar Amount:**
I hereby authorize and direct my Employer to deduct from my gross salary **$** _____ per pay period.

☐ **Percent Amount:**
I hereby authorize and direct my Employer to deduct from my gross salary _____ % per pay period.

☐ **Leave Pay:**
I wish to direct _____ hours of leave from my last paycheck. My hourly pay $_____.
Final paycheck date: _____

☐ **Incentive Pay:**
I wish to direct **$**_____ of incentive pay to my account from my last paycheck. *Final paycheck date*: _____

PAYCHECK EFFECTIVE DATE: *ISIS paid employees' contributions will take effect 2 full paychecks after the completed paperwork is received; all others take effect the MONTH after completed paperwork is received.

To elect a future paycheck date other than the default: _____ (Mo), _____ (Day) 20_____ (Yr.)

STANDARD CATCH-UP FORMS: Contact the Baton Rouge office. www.louisianadcp.com

REQUIRED SIGNATURES: I have reviewed, understand, and agree to the provisions as stated on the reverse side of this form. I understand and agree to monitor my contributions and annual limits to avoid over deferring.

_____ _____
Participant Signature **Date**

_____ _____
Authorized Commission Signature Date

For agencies with matching contributions. (There is no match for State Agencies)

EE Contribution $_____ **+ Employer Contribution $**_____ **= Total $**_____

Main: (225) 926-8082
Fax: (225) 926-4447