



2024 AFLC 401(k) Plan Deposits - Census Form

Congregation Name: _____ City, State: _____

Date of Change (1st Payroll date change in effect): _____ Payroll Frequency (CIRCLE ONE): Semi-Monthly Bi-Weekly Monthly

Below, please indicate Plan Participant Information and 401(k) deposits for each participant: *The amounts indicated will be the only amount pulled via ACH. The contribution amount will be pulled after the time period worked, never in advance of time worked.*

Social Security Number	Employee Name	Date of Birth	Date of Hire	Annual Salary	*Pre-tax Employee Contribution \$ Amount per paycheck	**After tax ROTH Employee Contribution \$ Amount per paycheck	***Employer Contribution \$ Amount per paycheck

Congregation Authorized Signer _____ Date _____ Phone Number _____

Participation must be offered to all employees, except leased employees, over the age of 21. If an employer match is offered, the same match, must be offered to all eligible employees, including part time employees. Employees who decline to participate should sign an opt-out form, available from the AFLC Business Office.

**Employee Pre-tax Contribution is deducted from the employee's salary before it is taxed.*

***ROTH Contribution is deducted from the employee's salary after taxes are calculated. This contribution is taxed before being added to their 401(k) account.*

****Employer Pre-tax Matching Contribution must be funded with money outside the annual salary package negotiated between the employee and the church.*

Check box if Employees listed are enrolled in LTD insurance so salary information can be updated with Mutual of Omaha.

Submit Census Form to the AFLC Business Office either by e-mail (debn@aflc.org) or mail (3110 E Medicine Lake Blvd, Plymouth, MN 55441). Please contact Deb Nelson with any questions.