

[Letterhead of benefits office]

CONTRIBUTION WORKSHEET FOR PARTICIPANTS IN THE [NAME OF PLAN]

WHO ALSO PARTICIPATE IN ANOTHER PLAN

Please complete and return to [plan sponsor business office] if you are a participant in the [name of 403(b) plan] and also:

- Participate in a 403(b) retirement plan in addition to the [name of plan], whether or not the additional plan is sponsored by [name of plan sponsor] or
- Participate in a qualified 401(a) retirement plan ((including a Keogh or SEP-IRA) sponsored by an employer in which you are at least a 50% owner.
- Make elective deferrals (including Roth contributions) to both this employer's plan and a 403(b) or 401(k) plan of another employer.

EMPLOYEE INFORMATION	
(NAME)	(PHONE #)
(email address)	(office address)
INFORMATION ON THE ADDITIONAL RETIREMENT PLAN IN WHICH YOU PARTICIPATE	
1. What is the limitation year of the plan in which you participate in addition to the [name of 403(b) plan]. This will generally be the calendar year, but you may want to check with your other employer to confirm the other plan's limitation year.	
2. How much did you contribute to the other plan during the limitation year (elective deferrals, including Roth contributions) ?	
3. How much did the employer contribute to your account in the other plan during the limitation year? Did you make after-tax contributions to the other plan?	
4. What was your 415 compensation from the other employer? This will generally be the same as the box 5 amount on your W-2, but check with your other employer.	
SIGNATURE	
(PARTICIPANT SIGNATURE)	(date)

Please return this worksheet to:[name, address, phone, email of benefits office]