

**COLORADO PIPE INDUSTRY ANNUITY
AND SALARY DEFERRAL TRUST FUND**

**P.O. Box 21240
Denver, Colorado 80221
Telephone (303) 745-1596 + 1-800-257-2168
FAX: (303) 429-1359**

**VOLUNTARY EMPLOYEE
CONTRIBUTION AUTHORIZATION FORM**



I hereby authorize my Employer to withhold from my hourly wage the amount selected below. The Employer shall record the amount withheld on the monthly Fringe Benefit Report. The report and the money withheld will be sent to the Fund Office along with the fringe benefit payments. The Employer shall not report the amount withheld as Federal or State taxable income, but it is subject to FICA withholding.

You may defer up to \$9.50* per hour in increments of 50¢. Deferral amount per hour: \$ _____

If you are 50 years of age or older, you may defer an additional "catch-up" amount up \$3.25 per hour in increments of 25¢ per hour (for a maximum total of \$12.75 per hour). Catch-up deferral amount per hour: \$ _____**

Name (please print) _____ Social Security # _____
Address _____ City & State _____ Zip _____
Current Employer _____ Date of Birth _____

I understand that the above deduction(s) will become effective as of the first day of the first full payroll period beginning after this form has been received by the Employer. This authorization may be terminated, in writing, with such termination to be effective as of the last day of the next succeeding payroll period.

Signature _____ Date _____

If you are a member of a Local outside of Colorado, please indicate your home local _____

This contribution is strictly voluntary and is in addition to any contribution made by the Employer

***Annual Maximum of \$18,000 **Annual Maximum Contribution of \$6,000**

White Copy — Administrator Yellow Copy — Union Pink Copy — Employer Goldenrod Copy — Employee

Mail white copy to: Pipe Industry Benefit Trust Fund + P.O. Box 21240 + Denver, CO 80221