DIOCESE OF WINONA

403(b) LAY RETIREMENT PLAN

LINCOLN ALLIANCE® PROGRAM

PARTICIPATION

Eligible participants are lay employees who are age 21 and older and are scheduled to work 20 or more hours per week, or at least .5 FTE during the academic year. All benefit eligible employees receive the 3% employer discretionary contribution.

ENROLLMENT OF A PARTICIPANT:

1. Lincoln Alliance Program Enrollment Book

Copies of the enrollment booklet may be requested from the Diocese of Winona Employee Benefits Department or you may direct the employee to the on-line version of the document on the diocesan web site at the following address: http://dow.org/Portals/0/Documents/2013LincolnEnrollmentKit.pdf

2. 403(b) Pension Information (C-1)

This document provides the new participant with a brief summary of the 403(b) plan benefit, along with information regarding the process of online enrollment, investment elections and beneficiary elections.

3. Salary Reduction Agreement (Form C-2)

This is the only document the participant needs to return to you for enrollment in to the plan. All participants are required to complete the form.

- a. In Step 2, the participant will either elect or decline to contribute through salary reduction.
- b. Elective deferrals are required to be a percentage of wages (not dollars).
- c. Employee signature and date are required; please leave the plan administrator signature section blank.

The Salary Reduction Agreement needs to be returned to the Diocese of Winona Employee Benefits Department. File copies will be returned to the employer after processing is complete.

PARTICIPANT CHANGE REQUESTS:

1. Salary Reduction Agreement (Form C-2)

This form is also used for current participants to change their elective deferral, as well as change their mailing address with the Lincoln Alliance Program.

- a. The effective date of a <u>change in salary deferral must be coincide with the first payroll of any given month</u>. Mid-month change in salary deferral percentage is not allowed.
- b. Elective deferrals are required to be a percentage of wages (not dollars).

c. Employee signature and date are required; please leave the plan administrator signature section blank.

The Salary Reduction Agreement needs to be returned to the Diocese of Winona Employee Benefits Department. File copies will be returned to the employer after processing is complete.

2. Other Changes

All other requests for changes (beneficiary designation, change in investment elections, transfer of investment assets, etc.) are handled by the participant directly with Lincoln. You may provide the following contact information to the participant:

Lincoln Alliance Program®

CUSTOMER SERVICE RETIREMENT CONSULTANT

1-800-234-3500 Colin Hohman

Mon - Fri 7 am - 7 pm Phone: 612-308-2413 or 888-489-5890

24 Hour Voice Response Fax: 260-455-9534

<u>www.lincolnfinancial.com</u> E-mail: <u>colin.hohman@lfg.com</u>

TERMINATING/RETIRING EMPLOYEES:

403(b) Pension Plan Information for Terminating/Retiring Participants (C-6)

This document provides the participant with all the necessary information related to vesting, distributions, rollovers, and direct transfers of their account(s). Contact information for both the Lincoln Multi-Fund Annuity and the Lincoln Alliance Program are provided.