



**Concordia Retirement Plan
 Option Election**

This form is for participating employers that would like to change their CRP option and/or Eligibility Waiting Period designations. Employer changes are limited to no more than one per calendar year.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A Employer Information

Employer Name _____ Concordia Plan Services Employer Account Number (if known) _____

Mailing Address _____

City _____ State _____ Zip Code _____ Employer Phone Number _____ Employer Fax Phone Number _____

Contact Person Name _____ Contact Person Phone Number _____ Contact Person Email Address _____

B Concordia Retirement Plan (CRP) Option Designation

The CRP is comprised of two options, the Traditional Option and the Account Option. Employers may designate under which option newly qualified workers are to be enrolled. The Account Option is not available to Synod rostered workers.

Please select only one designation from the table below:

Designation	Who Enrolls in the Traditional Option	Who Enrolls in the Account Option
<input type="checkbox"/> Traditional Option Only <i>Skip Sections C - D</i>	All Workers	None
<input type="checkbox"/> Traditional and Account Options Designation 1	All Rostered Workers	All Non-Rostered Workers
<input type="checkbox"/> Traditional and Account Options Designation 2	All Rostered Workers and All Salaried Non-Rostered Workers	All Hourly Non-Rostered Workers
<input type="checkbox"/> Traditional and Account Options Designation 3	All Rostered Workers and All Hourly Non-Rostered Workers	All Salaried Non-Rostered Workers
<input type="checkbox"/> Traditional and Account Options Designation 4	All Rostered Workers and All Faculty Non-Rostered Workers	All Non-Faculty Non-Rostered Workers

“Rostered Workers” are ordained and commissioned ministers of religion on the official roster of The Lutheran Church—Missouri Synod. All other workers are considered “Non-Rostered Workers.”

“Faculty Workers” are a specific designation defined by schools, universities and seminaries. All other workers are considered “Non-Faculty.”

C Eligibility Waiting Period (EWP) Designation

Employers offering the Account Option may also require an Eligibility Waiting Period (EWP) of one year for workers eligible to be enrolled in the Account Option. If the employer elects to require an EWP:

- the employer will not be billed for the worker prior to completion of the EWP,
- the worker will not accrue CRP benefits prior to completion of the EWP, and
- the worker will earn credit toward the 3-year vesting requirement for the CRP Account Option during the EWP (note the vesting requirement for the Traditional Option is 5 years).

This employer hereby: Elects the Eligibility Waiting Period
 Declines the Eligibility Waiting Period

D Eligibility Waiting Period (EWP) Agreement

If electing the Eligibility Waiting Period (EWP), I understand that the EWP:

1. Must be applied equally to all workers for whom the Account Option has been elected and who become eligible for enrollment in the Account Option through this employer after the effective date of this employer's EWP election.
2. Will not apply to workers who were already qualified for enrollment in the Account Option by this employer prior to the effective date of this employer's EWP election date.
3. Will not apply to rostered workers or any other workers participating in the Traditional Option.
4. Is satisfied, in part or in whole, by prior CRP creditable service, including Traditional and/or Account Option participation at this or other participating employers. Workers with less than 12 months of creditable service need only satisfy the remaining balance of the 1-year period.
5. Will begin after the Probationary Period established by the employer has ended. (Probationary Period agreement must be on file with Concordia Plan Services.)
6. Will not apply to any other Concordia Plan or Program i.e., Concordia Health Plan (CHP), Concordia Disability and Survivor Plan (CDSP), Accident Insurance Program (AIP) or the Concordia Retirement Savings Plan (CRSP), including eligibility for employer contributions to the CRSP.

E CRP Account Option and Employment Changes

Once a worker qualifies for the Traditional Option (TO), either because: 1) the worker was enrolled in the TO prior to the employer election of the Account Option (AO), or 2) the worker's classification changed to one that is eligible for the TO, the worker will remain enrolled in the TO regardless of future employer elections or changes in worker classification as long as the worker remains employed continuously at the employer. If an AO participant becomes a Rostered Worker or another classification which is designated to be enrolled in the TO, the participant will no longer be eligible to participate in the AO and will begin participating in the TO. Workers who are removed from the Synod roster, or who change from a TO classification to an AO classification will remain enrolled in the TO as long as they are continuously employed at the same employer.

If terminating the EWP for some or all classifications of workers, the EWP will no longer apply for workers in those classifications currently in the EWP, and they will move to AO non-vested participation status and employer billing will be adjusted accordingly.

Worker classification changes reported to Concordia Plan Services more than 60 days past the effective date which require an increase in the employer's contribution rate may incur additional interest charges as well.

F Certification

I, _____, an authorized representative of _____ do certify that on this date of _____, 20_____, the Governing Body of this participating employer has elected to change their CRP Option and/or application of the EWP in effect as indicated on this form to be in effect as of _____, 20_____. (Effective the first day of the month following the receipt of this form by Concordia Plan Services or the first day of any future month.)

The information entered on this form is current and correct to the best of our knowledge.

X

Signature of Authorized Employer Representative	Date
Printed Name of Authorized Employer Representative	Title or Office Held
Email Address	Daytime Phone Number