



Employer information		
Employer		
Address		
City	State	ZIP
PIN #	Phone	
RSP contact		
Email	Phone	

Employer confirmation
We have complied with the annual notice requirement for the 2023 plan year by informing all of our eligible employees of their right to make salary deferral contributions to the plan. The notice (or the equivalent) was distributed on _____.
<b>Check one of the following two boxes:</b> <input type="checkbox"/> Our organization does not have any highly compensated employees for the 2023 plan year. This means that none of our employees earned over \$135,000 (exclusive of housing allowance) during the 2022 calendar year. <input type="checkbox"/> Our organization has one or more highly compensated employees for the 2023 plan year. This means that these individuals earned over \$135,000 (exclusive of housing allowance) during the 2022 calendar year.  If you selected the second box above, the Board of Pensions will follow up with you about compliance with the plan's nondiscrimination testing requirements.

Authorization	
Authorized employer representative name	
Signature	Date (mm/dd/yyyy)

**Complete and email this form to the Board of Pensions at [memberservices@pensions.org](mailto:memberservices@pensions.org).**  
Questions? Call the Board at 800-773-7752 (800-PRESPLAN)