



Non-QCCO Discrimination Testing for the Retirement Savings Plan

Employer information			
Employer			
Address			
City		State	ZIP
PIN #		Phone	
Retirement Savings Plan contact			
Email		Phone	

Employer confirmation
We have complied with the annual notice requirement for the 2025 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 _____.
Check one of the following two boxes: <input type="checkbox"/> Our organization does not have any highly compensated employees for the 2025 plan year. This means that none of our employees earned over \$155,000 (exclusive of housing allowance) during the 2024 calendar year. <input type="checkbox"/> Our organization has one or more highly compensated employees for the 2025 plan year. This means that these individuals earned over \$155,000 (exclusive of housing allowance) during the 2024 calendar year.

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

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711)