



# El Paso Independent School District

## “Opt In Fast” PROGRAM

### ELECTION FORM

El Paso ISD believes saving for retirement is important for all employees. El Paso ISD has introduced the OPT IN FAST program allowing employees to easily enroll in the El Paso ISD 457(b) Deferred Compensation Plan (the Plan). **If elected, three percent (3%) of your gross salary will be invested in an account for you in the 457(b) Plan.**

Contributions will be invested in the RAMS Signature Portfolio. This allocation model seeks moderate growth through proper asset allocation and diversification. **Remember that all investing involves risk.** You can choose to diversify your investments into other investment portfolios or mutual funds should your investment objectives not fit this default allocation. Additionally, at any time you can adjust your contributions to your account. More information can be found at [www.Region10RAMS.org](http://www.Region10RAMS.org).

- I elect to participate by authorizing the EPISD to deduct 3% of my base salary as a contribution to the El Paso ISD 457(b) Deferred Compensation Plan. I understand that my deduction will begin upon the first eligible payroll.
- I wish to increase/decrease my % contribution from the base 3% to \_\_\_\_\_%
- I do not wish to participate in the El Paso ISD 457(b) Deferred Compensation Plan at this time. I understand that I may elect to participate at any time in the future by contacting JEM Resource Partners.

By indicating my desire to participate in the Plan I understand at any time in the future I may increase, decrease or terminate the deduction. I acknowledge it is my responsibility to make certain an account is established and that I monitor and ensure that contributions are invested into my account. I understand I have 90 days from my initial enrollment to opt out of the plan and receive a penalty-free withdrawal, which will be included in my taxable income for the year. Funds in the account after this initial period will be subject to applicable distribution rules.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee SS #

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**Please return the completed Form to Employee Benefits.  
Your contribution will be entered on the next available paycheck.**

