

**COLORADO PIPE INDUSTRY ANNUITY  
AND SALARY DEFERRAL TRUST FUND**

PO Box 34203

Seattle, WA 98124

Telephone (206 441-7574 (800) 257-2168

FAX: (206) 505-9727

**VOLUNTARY EMPLOYEE**

**CONTRIBUTION AUTHORIZATION FORM**



I hereby authorize my Employer to withhold from my hourly wage the amount selected below. The Employer shall record the amount withheld on the monthly Fringe Benefit Report. The report and the money withheld will be sent to the Administration Office along with the fringe benefit payments. The Employer shall not report the amount withheld as Federal or State taxable income, but it is subject to FICA withholding.

**You may defer up to \$11.00\* per hour in increments of 50¢. Deferral amount per hour: \$ \_\_\_\_\_**

**If you are 50 years of age or older, you may defer an additional "catch-up" amount up to \$3.00\*\* per hour in increments of 50¢ per hour (for a maximum total of \$14.00 per hour). Catch-up deferral amount per hour: \$ \_\_\_\_\_**

Name (please print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address (Street, City, State, Zip Code) \_\_\_\_\_

Current Employer \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that the above deduction(s) will become effective as of the first day of the first full payroll period beginning after this form has been received by the Employer. This authorization may be terminated, in writing, with such termination to be effective as of the last day of the next succeeding payroll period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a member of a Local outside of Colorado, please indicate your home local \_\_\_\_\_ .

*This contribution is strictly voluntary and is in addition to any contribution made by the Employer*

\*Annual Maximum of \$19,000 \*\*Annual Maximum Contribution of \$6,000

**RETURN A COPY TO : ADMINISTRATION OFFICE • P.O. BOX 34203 • SEATTLE, WA 98124-1203**