### THE ALLIANCE 403(B) RETIREMENT PLAN

Thank you for taking the time to read through these instructions. The goal is to provide useful and essential tips that will help your church remain in compliance with the Alliance 403(b) Retirement Plan and IRS rules while also protecting the church from costly errors down the road.

#### TIPS TO AVOID DELAY IN PROCESSING

Employee contributions must calculate to employee's election percentage (or flat dollar amount) on the employee's Enrollment form or Paycheck Election form.

If an employee's election amount changes, please submit a <u>Paycheck Contribution Election form</u> to Alliance Benefits with the Monthly Contribution Report (MCR).

- Employer contribution must be at least 50% of the employee's contribution OR at least 3% of the employee's pay (including housing allowance).
- Employer contribution must calculate to the percentage (or flat dollar amount) on the Adoption Agreement (or submit a new Adoption Agreement).
- You may add Employer Discretionary contributions up to \$1,000 by noting on it on the MCR. For \$1,000 or more, please put your request on church letterhead. Feel free to contact us for further details.
- Please state all amounts as monthly amounts (not annual or per pay period).

#### WHEN TO SUBMIT A NEW MONTHLY CONTRIBUTION REPORT

- Please update for any month when salaries, housing allowance, or contributions change.
- If employment ends, please report the last day worked. Severance pay is not eligible for 403(b) employee withholding.
- If an employee chooses to stop contributing, a <u>Paycheck Contribution Election form</u> is required.
- If you have 26 pay periods, you may prepare reports for 3-pay-period months and 2-pay-period months for the whole year.
- Alliance Benefits will continue processing the same amounts until a new form is received.
- Please update your MCR at least once annually, even if there is no change.



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#### **MONTHLY DEADLINE**

- The 5th of the month following the payroll month (the month withheld from an employee's pay).
- Any changes will reflect on the following month's bank withdrawal.

### WHAT TO INCLUDE IN "GROSS PAY"

- "Gross Pay" must include taxable salary AND housing allowance.
- Please list the housing allowance separately by itself.
- Parsonage if your pastor lives in a parsonage, calculate contributions on 130% of pay.
- SECA offset allowance if your pastor receives one, this is taxable and should be included in the gross pay total.
- If a pastor designates a high percentage of pay as housing, this may limit contributions.

### **CORRECTIONS**

- Retroactive corrections should be very rare, due to situations beyond your control.
- Prior year corrections require a W-2 copy and possibly Lost Earnings Calculations or IRS filing.

### SEND FORMS DIRECTLY TO ALLIANCE BENEFITS FOR PROCESSING

Please fax or upload your Monthly Contribution Report directly to Alliance Benefits for processing. Please do not send forms directly to Empower.



Fax forms to ((380) 600-8526





Save and then upload forms by visiting alliancebenefits.org/forms/ or by clicking here.



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| CHURCH NAME  |                      | CITY/STATE           |   | CHURCH CODE          |                      |  |  |
|--|----------------------|----------------------|---|----------------------|----------------------|--|--|
| For the payroll month of:  |                      | Year:                | ar: (Note: the bank withdrawal will be in the month following the payroll m |                      |                      |  |  |
| DESCRIPTION  | EMPLOYEE INFORMATION | EMPLOYEE INFORMATION | EMPLOYEE INFORMATION  | EMPLOYEE INFORMATION | EMPLOYEE INFORMATION |  |  |
| Employee Name: Last  |                      |                      |   |                      |                      |  |  |
| Employee Name: First   |                      |                      |   |                      |                      |  |  |
| Employee Name: Middle  |                      |                      |   |                      |                      |  |  |
| Social Security # (last 4)   |                      |                      |   |                      |                      |  |  |
| Hire date at your church   |                      |                      |   |                      |                      |  |  |
| Gender   |                      |                      |   |                      |                      |  |  |
| Street Address 1   |                      |                      |   |                      |                      |  |  |
| Street Address 2   |                      |                      |   |                      |                      |  |  |
| City   |                      |                      |   |                      |                      |  |  |
| State  |                      |                      |   |                      |                      |  |  |
| Zip Code   |                      |                      |   |                      |                      |  |  |
| Date of Birth  |                      |                      |   |                      |                      |  |  |
| Termination Date   |                      |                      |   |                      |                      |  |  |
| <b>Housing Allowance</b> (this should be included in the   |                      |                      |   |                      |                      |  |  |
| gross paycheck amount)   |                      |                      |   |                      |                      |  |  |
| Gross Paycheck Amount  |                      |                      |   |                      |                      |  |  |
| Employee Contribution*   |                      |                      |   |                      |                      |  |  |
| Employer Matching Contribution**   |                      |                      |   |                      |                      |  |  |
|  |                      |                      |   |                      |                      |  |  |
| * Must be consistent with the amount or percentage on the employee's Paycheck Contribution Election form.  **Must meet or exceed the Plan minimum - see Adoption Agreement |                      | loyee's              | TOTAL MONTHLY EMPLOYEE CONTRIBUTIONS  |                      |                      |  |  |
|  |                      |                      | TOTAL MONTHLY EMPLOYEE MATCHING CONTRIBUTIONS                               |                      |                      |  |  |
|  |                      | ment TOTAL MONTHL    | TOTAL MONTHLY AMOUNT TO BE WITHDRAWN FROM CHURCH BANK ACCT                  |                      |                      |  |  |

If you have more than one pay period per month, please add totals together and report as one monthly amount. Please update this form annually, or for any month when there is a change. For example, if you have 26 pay periods, you will need to update this form several times a year.

Submit to Alliance Benefits by the 5th of the month after the payroll month





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| DESCRIPTION                                      | EMPLOYEE INFORMATION | EMPLOYEE INFORMATION | EMPLOYEE INFORMATION   | EMPLOYEE INFORMATION | EMPLOYEE INFORMATION      |
| Employee Name: Last                              |                      |                      |  |                      |                           |
| Employee Name: First                             |                      |                      |  |                      |                           |
| Employee Name: Middle                            |                      |                      |  |                      |                           |
| Social Security # (last 4)                       |                      |                      |  |                      |                           |
| Hire date at your church                         |                      |                      |  |                      |                           |
| Gender   |                      |                      |  |                      |                           |
| Street Address 1                                 |                      |                      |  |                      |                           |
| Street Address 2                                 |                      |                      |  |                      |                           |
| City   |                      |                      |  |                      |                           |
| State  |                      |                      |  |                      |                           |
| Zip Code   |                      |                      |  |                      |                           |
| Date of Birth                                    |                      |                      |  |                      |                           |
| Termination Date                                 |                      |                      |  |                      |                           |
| Housing Allowance (this                          |                      |                      |  |                      |                           |
| should be included in the gross paycheck amount) |                      |                      |  |                      |                           |
|  |                      |                      |  |                      |                           |
| Gross Paycheck Amount                            |                      |                      |  |                      |                           |
| Employee Contribution*                           |                      |                      |  |                      |                           |
| Employer Matching Contribution**                 |                      |                      |  |                      |                           |

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<sup>\*</sup> Must be consistent with the amount or percentage on the employee's Paycheck Contribution Election form.

<sup>\*\*</sup>Must meet or exceed the Plan minimum - see Adoption Agreement

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| DESCRIPTION                                      | EMPLOYEE INFORMATION | EMPLOYEE INFORMATION          | EMPLOYEE INFORMATION | EMPLOYEE INFORMATION                                  | EMPLOYEE INFORMATION |
| Employee Name: Last                              |                      |                               |                      |   |                      |
| Employee Name: First                             |                      |                               |                      |   |                      |
| Employee Name: Middle                            |                      |                               |                      |   |                      |
| Social Security # (last 4)                       |                      |                               |                      |   |                      |
| Hire date at your church                         |                      |                               |                      |   |                      |
| Gender   |                      |                               |                      |   |                      |
| Street Address 1                                 |                      |                               |                      |   |                      |
| Street Address 2                                 |                      |                               |                      |   |                      |
| City   |                      |                               |                      |   |                      |
| State  |                      |                               |                      |   |                      |
| Zip Code   |                      |                               |                      |   |                      |
| Date of Birth                                    |                      |                               |                      |   |                      |
| Termination Date                                 |                      |                               |                      |   |                      |
| Housing Allowance (this                          |                      |                               |                      |   |                      |
| should be included in the gross paycheck amount) |                      |                               |                      |   |                      |
|  |                      |                               |                      |   |                      |
| Gross Paycheck Amount                            |                      |                               |                      |   |                      |
| Employee Contribution*                           |                      |                               |                      |   |                      |
| Employer Matching                                |                      |                               |                      |   |                      |

Page 3 of 3 (totals calculate on first page)

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