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.



THE ALLIANCE 403(B) RETIREMENT PLAN

#### **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.

OR

### 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 (719) 262-5397



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



THE ALLIANCE 403(B) RETIREMENT PLAN



CHURCH NAME	CITY/STATE	CHURCH CODE
For the payroll month of:	Year: (Note: the bank wi	thdrawal will be in the month following the payroll month)

DESCRIPTION	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**					

\* 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

TOTAL MONTHLY EMPLOYEE CONTRIBUTIONS

TOTAL MONTHLY EMPLOYEE MATCHING CONTRIBUTIONS

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





THE ALLIANCE 403(B) RETIREMENT PLAN



CHURCH NAME		CITY	/STATE	CHU	RCH CODE
For the payroll month of:		Year:	_ (Note: the bank withdra	wal will be in the month fol	lowing the payroll month)
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**					

\* 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

Page 2 of 3 (totals calculate on first page)

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



Fax to (719) 262-5397 OR Upload forms by visiting <u>alliancebenefits.org/forms/</u>

THE ALLIANCE 403(B) RETIREMENT PLAN



CHURCH NAME		CITY	/STATE	CHU	RCH CODE
For the payroll month of:		Year:	_ (Note: the bank withdra	wal will be in the month fol	lowing the payroll month)
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**					

\* 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

Page 3 of 3 (totals calculate on first page)

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



