

Locally Funded Staff – New Hire Request Form

New Employee Name: _____

Proposed Job Title: _____

Name of School or Church: _____

☐ New Position

☐ Replacement for: _____
(name of terminating employee)

☐ Regular Position -OR- ☐ Temporary Position: _____
(Length of assignment)

Rate of Pay (most positions must be hourly): _____

Proposed Start Date: _____
(all hiring paperwork, including I-9 and Background Check Authorization must be completed **before** starting work)

Does new employee work at any other Oregon Conference entity? _____

*Employee may be eligible for benefits if regularly working a **total** of 20+ hrs/wk at various Oregon Conference entities. In this case, entities would share benefit costs based on the hours worked at each location. Please contact the Conference Human Resources office with questions.*

Is the proposed new employee a member of the Seventh-day Adventist church? ☐ Yes ☐ No

If proposed employee is not a member, was position advertised within the local church/school to attempt to find a qualified SDA member to apply? Contact the Conference Human Resources office if you have any questions. ☐ Yes ☐ No

Have at least three references been contacted? ☐ Yes ☐ No

Proposed Work Schedule:

☐ Full-time (38+ hours per week)

☐ Part-time, High Hours (30-36 hours per week*)

Number of proposed hours per week _____

☐ Part-time, Low Hours (20-28 hours per week*)

☐ Less than Part-time (must be fewer than 20 hours per week)

Number of proposed hours per week _____

Number of proposed hours per week _____

☐ Other (explain): _____

**Eligibility for certain benefits begins when an employee regularly works 20 hrs/wk, and employees regularly working 30 hrs/wk are eligible for coverage under the Conference health plan. These employer costs will be passed on to the locally funding entity. Please contact the Human Resources office for more information regarding benefit costs.*

Job description given to new employee with hiring paperwork? ☐ Yes ☐ No

Job Overview: _____

Responsibilities: _____

Skills Required: _____

Education Required: _____

Physical Requirements (e.g. lifting, bending, pushing, kneeling, etc.): _____

Printed Name of Preparer: _____ Date: _____

****This request for a new hire will be reviewed by the Conference for compliance with hiring policies and local/federal law. You will be notified if changes are needed, or of approval for hire upon submission of employment paperwork and passing a Background Check.**

DIRECT DEPOSIT PAYROLL
AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

Employee Name: _____ Social Security No: _____

I hereby authorize the Oregon Conference of Seventh-day Adventist to initiate credit entries to my checking or savings account indicated below, and the depository named below to credit the same to such account.

Account #1: Account Type (check one): ☐ Checking ☐ Savings

Employee Bank Name: _____

Bank Routing Number (ABA#): _____

Account #: _____

Percentage or dollar amount to be deposit to this account: _____

Account #2: Account Type (check one): ☐ Checking ☐ Savings

Employee Bank Name: _____

Bank Routing Number (ABA#): _____

Account #: _____

Percentage or dollar amount to be deposit to this account: _____

I wish to receive my pay stubs by (choose one): Email ☐ Mail ☐

If you elect to receive your pay stubs by email, please write *legibly* the email you wish to use:

Email: _____

Please attach a voided check for each account here.

This authority is to remain in full force and effect until Oregon Conference of Seventh-day Adventists has received written notification from me of its termination in such time and in such manner as to afford Oregon Conference of Seventh-day Adventists a reasonable opportunity to act on it.

Signature

Date

Fax to: Attn: Payroll department @ 503-850-3415 or email to payroll@oc.npuc.org

Mail to: Oregon Conference Attn: Payroll Department, 19800 Oatfield Road Gladstone, OR 97027

Employee Data Collection Sheet

Please complete all sections legibly.

The Oregon Conference is an equal opportunity employer. We do not discriminate on the basis of race, color, gender, age, national origin, disability or veteran status. In compliance with our obligation to complete the government-required EEO-1 Report, we invite you to voluntarily self-identify your ethnicity and/or race below. Completion of this data is voluntary and will not affect the terms or conditions of employment. This data will be kept in a confidential file.

Employee Name: _____

Home Address

Mailing Address (if different)

Street:

Street:

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____

Email Address: _____

Gender: ☐ Male ☐ Female Marital Status: _____

Birthdate: _____ Credential or License Held: _____

Please list the following information: (Any person listed on your tax return and/or receiving any benefits due to your employment with the Oregon Conference.)

Name:	Relationship:	Birthdate:	Gender:
	Spouse		
	Child		
	Child		
	Child		
	Child		

Please select the category with which you most closely identify yourself. Mark only one box.

The categories below are designed to identify your basic racial and national origin category and do not denote scientific definitions of anthropological origins.

- ☐ American Indian or Alaska Native (Not Hispanic or Latino) — a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ Asian (Not Hispanic or Latino) — a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American (Not Hispanic or Latino) — a person having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino — a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) — a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White (Not Hispanic or Latino) — a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Two or More Races (Not Hispanic or Latino) — all persons who identify with more than one of the above five races.

Employee Paid Sick Leave Notification – Washington Employees

Hourly employees working in Washington are entitled to accrue paid sick leave beginning January 1, 2018 or upon your hire date after January 1. This leave will accrue at 1.542 hours for every 40 hours you work. Salaried contract teachers are given sick days as outlined in the NPUC Education Code. Salaried non-teaching employees are given sick days as outlined in Oregon Conference Policy.

Reasons employees may use accrued paid sick leave:

- An absence resulting from an employee's mental or physical illness, injury, or health condition; to accommodate the employee's need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or an employee's need for preventive medical care;
- To allow the employee to provide care for a family member with a mental or physical illness, injury, or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or care for a family member who needs preventive medical care;
- When the employee's place of business has been closed by order of a public official for any health-related reason, or when an employee's child's school or place of care has been closed for such a reason; and
- For absences that qualify for leave under the state's Domestic Violence Leave Act (sexual assault, domestic violence, or stalking).

Eligible family members to use sick leave for:

- Spouse
- Child (includes biological, adopted, foster, step, legal guardian, de facto parent of, regardless of age or dependency)
- Grandparent
- Grandchild
- Sibling
- A biological, adoptive, de facto, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse, or a person who stood in loco parentis when the employee was a minor child

Accrued, unused paid sick leave balances will be carried over from one year to the next up to a maximum of:

- 76 hours in your Short-term sick leave bank, and
- 1,000 hours in your Extended sick leave bank

You may access both banks without a waiting period. Unused sick leave may not be transferred to paid leave or cashed out upon termination of employment.

Retaliation against you by the Oregon Conference or its local entities for using paid sick leave for authorized purposes, or for the exercise of any rights under the Minimum Wage Act (chapter 49.46 RCW), is prohibited.

Employee Signature

Date

Employment Application



Oregon Conference of Seventh-day Adventists

19800 Oatfield Road Gladstone, OR (503) 850-3500

The Oregon Conference of Seventh-day Adventists ("Oregon Conference") is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex (including pregnancy, childbirth, and other pregnancy-related conditions), age, national origin, marital status, physical or mental disability, or other protected categories under Oregon laws, regulations or local ordinances. The Oregon Conference prohibits any form of workplace harassment, misconduct or abuse. The Oregon Conference hires Seventh-day Adventist Church members in good standing based on religious preferences permitted by the United States Constitution and controlling law.

This application will be actively considered for the positions you have requested for 3 months after submission to the Oregon Conference. Applicants desiring to be considered for other positions, or after the 3-month time period has expired, must submit a new application. The Oregon Conference may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by the Oregon Conference.

Please complete all questions on this application form. You may supplement the application with a resume, but all questions on this application must be answered.

Personal (Please print clearly)

Last Name:		First:		Middle:		Date:	
Have you ever used any other name(s) for work, school or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) and dates/locations used and circumstances: _____ _____							
Address:		City:	State:	Zip Code:	Phone (Home or Cell):	E-Mail Address:	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever previously applied with or been employed by the Oregon Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed, dates of employment (month/year): _____ Reason for leaving: <input type="checkbox"/> resigned with notice <input type="checkbox"/> quit without notice <input type="checkbox"/> counseled to resign <input type="checkbox"/> terminated <input type="checkbox"/> position eliminated <input type="checkbox"/> other (specify): _____					
Oregon Conference requires employees to be members in good standing of the Seventh-day Adventist Church. <i>Please list where membership is held:</i> Church: _____ Pastor's Name: _____							

Position(s) for which you are applying?				
(1) _____ (2) _____				
Date available: _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Other				
Please indicate all languages (including English) that you speak, read, and write proficiently:				
	Speaking	Reading	Writing	Comments:
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Qualifications

Names and Addresses of Schools:	Number of Years Completed:	Course of Study:	Did you Graduate?	Type of Degree/Diploma:
Last High School Attended:	9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Jr. College, College or University:	13 14 15 16		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Business or Vocational School:	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional:	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any other training you have received that would qualify you for the position for which you are applying:				

Work Experience

Provide complete information on all employment during **the past 10 years or your 4 most recent employers**, whichever is greater, including U.S. Armed Forces experience and major volunteer experience. Begin with your current or most recent employment. Include all full-time, part-time and temporary employment. Explain all gaps in your employment history. *Use additional sheets if necessary.*

Present (or most recent) employer:

Present Job Title:	Dates Employed:		Describe work performed:
	From:	To:	
City/State:			
Immediate Supervisor:	Supervisor's Phone:		Supervisor's Email:
Okay to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No, please list reason:			
Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Currently employed <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other, specify: _____			

Employer No. 2:

Previous Job Title:	Dates Employed:		Describe work performed:
	From:	To:	
City/State:			
Immediate Supervisor:	Supervisor's Phone:		Supervisor's Email:
Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other, specify: _____			

Employer No. 3:

Previous Job Title:	Dates Employed:		Describe work performed:
	From:	To:	
City/State:			
Immediate Supervisor:	Supervisor's Phone:		Supervisor's Email:
Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other, specify: _____			

Employer No. 4:			
Previous Job Title:	Dates Employed:		Describe work performed:
	From:	To:	
City/State:			
Immediate Supervisor:	Supervisor's Phone:		Supervisor's Email:
Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other, specify: _____			

Have you ever been terminated or dismissed from employment or asked/counseled to resign by **any** employer, whether or not listed above? ☐ Yes ☐ No

If yes, please provide employer(s), location(s), dates and describe circumstances:

References

The information obtained from references will be considered by the Oregon Conference in making a decision on your application.

Please provide three work references (no family or friends):			
Name:	Telephone Number:	Email Address:	Relationship to You:
1.			
2.			
3.			
Please provide three personal references:			
Name:	Telephone Number:	Email Address:	Relationship to You:
1.			
2.			
3.			

Motor Vehicle Record

Please complete this section only if the position for which you are applying would include driving an Oregon Conference or personal vehicle for work purposes.

Driver's License No. _____ Issuing State: _____ Expiration Date: _____

Has your driver's license ever been denied, suspended or revoked? ☐ Yes ☐ No

If yes, provide complete information on action(s), date(s), location(s) and current status: _____

List all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond in the past 5 years: _____

Do you have automobile liability insurance? ☐ Yes ☐ No If yes, expiration date: _____

Applicant's Verification - Read carefully before signing

I certify that the information on this application and any resumes or other attachments is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or in resumes, attachments or interviews will make me ineligible for employment or subject to discharge from employment, whenever discovered.

I understand that this employment application is not an offer of employment or a contract between the Oregon Conference and me. I understand and acknowledge that employment with the Conference is based on mutual consent, and that if hired, I will be an at-will employee. Either the Conference or I may cease the employment relationship at any time without prior notice or requirement of cause. I understand that no unauthorized representative may enter into any agreement for other than at-will employment.

I understand that, if employed, I will be required to complete a federal I-9 Form and provide documents verifying my identity and right to work in the United States.

I authorize the Oregon Conference to confirm the information supplied on this application and any curriculum vitae or résumé and to investigate my suitability for employment. I agree to furnish additional information if requested by the Oregon Conference. I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the Oregon Conference and from the Oregon Conference using such information in considering my employment application. I understand that this authorization does not include a consumer report under the federal Fair Credit Reporting Act. If the Conference conducts a consumer report about me under the federal Fair Credit Reporting Act, I understand that I will receive a separate notice and authorization.

If employed, I understand that I must comply with all policies, rules and procedures of the Oregon Conference.

Applicant's Signature

Date

Adventist Retirement Plan

403(b) Salary Reduction Acknowledgement

I acknowledge that I have received and read the “Adventist Retirement Plan Summary” and “Adventist Retirement Plan Automatic Enrollment/Auto Escalation Notice” regarding auto-enrollment, contributions, and auto-escalation.

I acknowledge that I will be automatically enrolled* in the Adventist Retirement Plan (ARP) with a contribution of 3%** which will be deducted from my pay. Those who have previously worked for the denomination may be enrolled with the contribution rate you had with your previous denominational employer. I understand that Adventist Retirement may limit my contributions in order to comply with federal law and the Plan document.

If you do not wish to be auto-enrolled at the 3%** contribution, it is your responsibility to log into your account with Empower Retirement at www.empowermyarp.com to make any changes and that the Oregon Conference is unable to make these changes for you. Your account will be accessible 15 days after your first payroll check has been issued.

If you do not want to participate in the auto enrollment and/or you want to contribute less than the 3%** auto enrollment, and you want a reimbursement of the full auto deduction or the difference of doing less, you must make your request to Empower Retirement within 90 days of your first payroll pay date (usually the last business day of the month). Otherwise you may not be able to withdraw your money and it will be part of a retirement account under your name. Reimbursement is not available for auto-escalation.

I understand that if I change my employee contribution amount to less than 3%**, I will not receive the maximum employer match if applicable. Those not eligible for employer basic and matching contributions include employees under the age of 20, temporary employees, and employees working less than 20 hours per week.

I understand that it is my responsibility to designate my beneficiaries by logging on to my account with Empower at www.empowermyarp.com.

I understand and acknowledge that I am responsible for reviewing and selecting my investment options. Any eligible contributions I receive will be automatically invested in a Target Maturity Model. I can review or change my Investment selection at any time by logging on to my Empower Retirement account. If I do not proactively choose my investment options, it will automatically default to the Target Maturity Model for my age bracket.

Employee Signature: _____ Date: _____

*Employees and student employees under the age of 20, temporary employees, and those whose annual 3% contributions will equal less than \$200 will not be eligible for participation or auto-enrollment

**10-month contract teachers will be automatically enrolled at 3.26%

Access your account with Empower Retirement online at: www.empowermyarp.com, or
call them by phone at: (866) 467-7756

Adventist Retirement Plan Summary

Auto-Enrollment Notice

- All new employees* will be automatically enrolled in the ARP through Empower Retirement.
- Auto-enrollment will begin as a 3%** pre-tax deduction from your payroll. If you would like to contribute more or less than 3%, choose a Roth account, or select different investment choices, you must contact Empower Retirement either online or by phone to make that change.
- If you do not want to participate in the auto-enrollment, you may cancel or change it by going online or calling Empower (see bottom of page for contact information) after the first payroll run. Through Empower you can change your 3% deduction to “0%”. As a new employee please wait at least two weeks after your first payroll for your account to be established with Empower before your call or go online to cancel the auto enrollment.
- If a newly hired employee would like to be refunded the 3% auto-enrollment deduction or the difference of requesting a lower deduction amount (say 1.5% instead of 3%), please contact Empower Retirement either online or by phone to make that request. Your request for a refund must be made within 90 days from the date of your first payroll date. Requests made 91 days or later will not be eligible for a refund. Requests for a refund within 90 days will require paperwork and you will receive a 1099r at the end of the year.

Employer Contributions

- Regular full-time and regular part-time employees working more than half time will be eligible for employer basic and matching contributions. If eligible you will receive employer matching contributions, on a dollar-for-dollar basis, the first 3%** of eligible compensation you contribute each pay period. You will also receive an additional basic contribution of 5% of your compensation from your employer.

Auto-Escalation Notice Summary

- Effective July 1 of each year all employees* will be automatically escalated in their retirement participation by 1% on a yearly basis up to 7%. When an employee’s contribution reaches 7%, the automated increase will stop. You may manually increase it at your own request beyond 7%, but it will no longer be done automatically after you reach 7%.
- If at any time, you want to change the escalation percentage amount, simply go to the Empower website and indicate the percentage amount you do want. Your request for payroll deduction changes will be forwarded from Empower to our payroll office for processing.
- Effective July 1 of each year, if you have never elected to contribute any of your own money, or you have indicated that you did not wish to participate at all, please be aware that an Auto-Escalation amount of 1% will be made for you. If you still do not wish to participate – or want to change the percentage amount – please go to the Empower website to make the adjustment. You will have to do this each July 1.

*Employees and student employees under the age of 20, temporary employees, and those whose annual 3% contributions will equal less than \$200 will not be eligible for participation or auto-enrollment

**10-month contract teachers will be automatically enrolled at 3.26%

Access your account with Empower Retirement online at: www.empowermyarp.com, or call them by phone at: (866) 467-7756

ADVENTIST RETIREMENT PLAN

Automatic Enrollment/Automatic Escalation Notice

The Adventist Retirement Plan ("Plan") makes saving for retirement even easier by offering an automatic enrollment feature for all newly-hired employees. As a new hire, you are automatically enrolled in the Plan starting with your first paycheck, at which time Empower Retirement, the Plan's record keeper, will create an account for you. This means that 3% will be taken from your eligible compensation each pay period and contributed to the Plan as a salary reduction contribution. You can choose to contribute more, less, or even nothing at any time by signing into your Plan account on the Empower Retirement website and electing a different contribution percentage (including a 0% contribution). Generally, your employer will make dollar-for-dollar matching contributions on amounts you contribute, up to 3% of your eligible compensation.

Beginning in 2018, the Plan will also implement an automatic escalation feature. **All Plan participants who are not making salary reduction contributions of at least 7% on July 1, 2018 will automatically have their salary reduction contribution increased by 1% at that time.** Thereafter, each July 1 your salary reduction percentage will increase by an additional 1% until your contribution percentage reaches 7%. This automatic escalation feature will not change your salary reduction contribution level if you already participate at a 7% (or greater percentage) level. You can change your contribution level at any time on Empower Retirement's website. Any employer matching contributions will be based on your new contribution level.

1. Does the Plan's automatic enrollment feature apply to me?

The Plan's automatic enrollment feature applies to all newly hired employees. This means 3% of your eligible compensation for each pay period will be contributed to the Plan as a salary reduction contribution, starting with your first paycheck and continuing through the end of June. Every July 1, your contribution level will increase by 1% (see question 2 below for more information on the automatic escalation feature), until your salary reduction contribution reaches 7% of your eligible compensation. To learn more about the Plan's definition of eligible compensation, you can review the Plan's summary plan description. Your salary reduction contributions to the Plan are taken out of your compensation on a pre-tax basis and are not subject to federal income tax at that time. Instead, they are contributed to your Plan account and will change over time based on any market gains or losses. Your account will be subject to federal income tax only when withdrawn. This helpful tax rule is a reason to save for retirement through Plan contributions. You are in charge of the amount that you contribute. You may decide to do nothing and contribute 3%, or you may choose to contribute an amount that better meets your needs. You must notify Empower Retirement if you want to opt out of the Plan's automatic enrollment feature and receive a refund of any salary reduction contributions made within the first 90 days of your employment (see question 6 for more information on opting out and receiving a refund). You can change your contribution level at any time on the Empower Retirement website. Be aware that there are limits on the maximum amount you may contribute to your account. You may want to contact Empower Retirement or your tax advisor to find out how these limits affect you. The limits are described in the Plan's summary plan description.

2. Does the Plan's automatic escalation feature apply to me?

If you are not contributing at a 7% level on July 1, 2018, your salary reduction contributions will automatically increase by 1% at that time. Every July 1 thereafter, your contribution level will increase

another 1% (unless you choose a different level or notify Empower Retirement each year that you want to opt out of the Plan's automatic escalation feature), until your salary reduction contributions reach 7% of your eligible compensation. You can elect to make a different percentage contribution to the Plan or to not contribute on Empower Retirement's website. Each year, Empower Retirement will send a communication reminding you of the upcoming automatic escalation. If you do not want your salary reduction contributions increased for the year, you must follow the instructions from Empower Retirement on how to opt out of the automatic escalation feature.

3. In addition to the contributions taken out of my compensation, what amounts will my employer contribute to my Plan account?

Your employer may make contributions to your Plan account. Your employer generally will match, on a dollar-for-dollar basis, the first 3% of eligible compensation you contribute each pay period. Your employer generally will also make an additional basic contribution of 5% of your compensation. Your employer determines which employees are eligible for matching or basic contributions – if you have questions about whether you are eligible for employer contributions, please contact your employer.

4. How will my Plan account be invested?

The Plan lets you invest your account in a number of different investment funds. Unless you choose a different investment fund or funds, your Plan account will be invested in the target date default fund based on your assumed retirement age. You can change how your Plan account is invested among the Plan's offered investment funds on the Empower Retirement website.

Information about the Plan's investment funds and procedures for changing how your Plan account is invested can be found on the Empower Retirement website.

5. When will my Plan account be vested and available to me?

You are always fully vested in all contributions to the Plan (both employer and employee contributions). Even though you are vested in your entire Plan account, there are limits on when you may withdraw your funds. These limits may be important to you in deciding how much, if any, to contribute to the Plan. Generally, you may only withdraw money after you leave your job, reach age 59½, or become disabled. Also, there is generally an extra 10% tax on distributions before age 59½. Any amount remaining in your Plan account upon your death will be paid to your designated beneficiary. You also can borrow certain amounts from your Plan account, and may be able to withdraw your salary reduction contributions if you have a hardship. Hardship distributions are limited to the dollar amount of your salary reduction contributions and may not be taken from earnings, matching or basic contributions. Hardship distributions must be for a specified reason – for qualifying medical expenses, costs of purchasing your principal residence (or preventing eviction from or foreclosure on your principal residence, or repairing qualifying damages to your principal residence), qualifying post-secondary education expenses, or qualifying burial or funeral expenses. Before you can take a hardship distribution, you must have taken other permitted withdrawals and loans from qualifying employer plans, unless doing so would be counter-productive. If you take a hardship distribution, you may not contribute to the Plan or other qualifying employer plans for 6 months. You can learn more about the Plan's hardship withdrawal and loan rules in the Plan's summary plan description. You can also learn more about the extra 10% early distribution tax in IRS Publication 575, Pension and Annuity Income.

6. Can I change the amount of my contributions?

Yes. You can always change the amount you contribute to the Plan at any time on the Empower Retirement website. If you know that you do not want to contribute to the Plan, you must notify Empower Retirement that you wish to opt out of the Plan's automatic enrollment and escalation features. You must notify Empower Retirement each year that you want to opt out of the Plan's automatic escalation feature.

If you are a new hire and do not wish to have automatic enrollment contributions taken from your compensation, you must decrease your contributions to zero on the Empower Retirement website. During the 90 days after automatic contributions are first taken from your pay, you can also withdraw the prior automatic contributions by contacting Empower Retirement. (Note: this withdrawal right is not available for the annual 1% automatic escalation amounts.) If you withdraw your automatic contributions, you lose any employer matching contributions associated with the automatic contributions. Also, your withdrawal will be subject to federal income tax (but not the extra 10% tax that normally applies to early distributions) and reported on a Form 1099-R at the end of the year. If you decrease salary reduction contributions to zero, no further contributions will be taken from your compensation until the next annual automatic escalation period occurs. You can always choose to continue or restart your contributions on the Empower Retirement website.

If you would like a copy of the Plan's summary plan description or other Plan documents, please visit the Adventist Retirement website at www.adventistretirement.org.

If you wish to start, stop or change your contributions to the Plan, or want information on the Plan's investment fund options, please sign into your Plan account on Empower Retirement's website: www.empower-retirement.com.

If you have questions about how the Plan works or your rights and obligations under the Plan, please contact Adventist Retirement:

Adventist Retirement
North American Division
9705 Patuxent Woods Drive
Columbia, MD 21046

Email: NADRetirement@nadadventist.org
Telephone: 443-391-7301