

BIC U.S. 403(b)(9) Coupon

Instructions if using the Printed Version:

1. Clearly complete each section of the form (congregation name, year of contribution, complete breakout for each employee).
 - a. **The complete breakout must be included for each employee**, or the Foundation will not have the necessary information to record and deposit the check. Therefore, the check will be returned to the sender.
 - i. **Current Pay Period Compensation:** this is the current period compensation amount that the contributions being sent are based on.
 - ii. **Employer Nonelective Contribution Rate:** this is the % of compensation that the Employer stated in their Plan Participation Agreement Addendum that they would contribute on behalf of the Employee. If it is a specific amount, rather than a %, you can leave this blank or enter 0%.
 - iii. **Employer Nonelective Contribution Amount:** this should be the Current Pay Period Compensation amount multiplied by the Employer Nonelective Contribution Rate %. Or if the Employer stated a specific dollar amount, rather than a % in the Plan Addendum, enter that amount.
 - iv. **Employer Matching Contribution Rate:** this is the % of Employee Salary Reduction Contribution that the Employer has stated in the Plan Participation Agreement Addendum they would match. If it is a specific amount, rather than a %, you can leave this blank or enter 0%.
 - v. **Employer Matching Contribution Amount:** this should be the Current Pay Period Compensation amount multiplied by the Employer Matching Contribution Rate %. Or if the Employer stated a specific dollar amount, rather than a % in the Plan Addendum, enter that amount.
 - vi. **Employee Salary Reduction Contribution Rate:** this is the % of compensation that the Employee has stated in their Employee Salary Reduction Agreement they want contributed. If it is a specific dollar amount, rather than a %, you can leave this blank or enter 0%.
 - vii. **Employee Salary Reduction Contribution Amount:** this should be the Current Pay Period Compensation amount multiplied by the Employee Salary Reduction Contribution Rate %. Or if the Employee stated a specific dollar amount, rather than a % in their Employee Salary Reduction Agreement, enter that amount.
 - viii. **Total For Participant:** this should be the total of Employer Nonelective Contribution Amount, Employer Matching Contribution Amount, and Employee Salary Reduction Contribution Amount.
2. Add the totals for each Participant, as well as each column, and verify that the total amount for all participants is the same as the check amount.
3. Mail completed coupon and check to the Foundation.

Instructions if using the Online Excel version:

1. Complete each section of the form (congregation name, year of contribution, and complete breakout for each employee in columns C, E, G, I, K, M, O, and Q).
 - a. **The complete breakout must be included for each employee**, or the Foundation will not have the necessary information to record and deposit the check. Therefore, the check will be returned to the sender.
 - i. See 1.a.i. - 1.a.viii. in the above “Instructions if using the Printed Version” for descriptions of each column.
 - ii. If one of the Contribution types is a specific amount, rather than based on a % of Current Pay Period Compensation, you can overwrite the formula in column I, M or Q by entering the specific amount. The “Total” columns will still calculate correctly.
 - b. Totals (column S and row 22) will auto calculate.
2. Verify that the total amount for all participants is the same as the check amount.
3. If your church has more than 10 employees, you can insert additional rows, above row 21. The summation formulas in row 22 will automatically update, but you will need to copy the formula in column S.
4. Print the completed form and mail it to the Foundation along with your check.

General Information:

1. If there are any new employees included on the forms, please attach copies of all their 403(b)(9) Enrollment forms, if they have not already been provided to the BIC Foundation. Copies of all applicable forms can be found on our website at <https://bicfoundation.org/403b-retirement-plan/>. **If these forms are not provided to the Foundation**, we will not have the necessary information to record and deposit the check and the check will be returned to the sender.
2. Please also notify the BIC Foundation of any changes to how the employer or employee contributions are being calculated, or of any participant employment changes, such as people going from hourly to salary, part-time to full-time, or terminations.
3. **If you use a 3rd party bill-paying service, the information from this coupon is still required** (Breakout of Current Pay Period Compensation, Full Name of Employee, Employer Nonelective, Employer Matching, and/or Employee Salary Reduction Contributions by Participant, tax year of the contribution), otherwise the Foundation will not have the necessary information to record and deposit the check. **If the 3rd party check is not able to include the required information, the Employer should complete a Coupon and either mail it to the Foundation at the address on the Coupon or email it to Juanita Rex at jrex@bicfoundation.org.**