

2023 Employer Info Form for Consultation and Assistance Regarding CalSavers Compliance and Adoption of EZ\$AVINGS4U as an Alternative



Legal Name of Employer: _____

Federal Employer Tax ID #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Other Related Businesses

(please list all other employers that share any percentage of common ownership with the above named entity)

Related Employer #1 Legal Name: _____ FED EIN#: _____

Related Employer #2 Legal Name: _____ FED EIN#: _____

Related Employer #3 Legal Name: _____ FED EIN#: _____

Related Employer #4 Legal Name: _____ FED EIN#: _____

Primary Project Contact Information:

Name: _____

Phone: _____ Email: _____

Additional Information:

Payroll Contact Name: _____ Phone: _____ Email: _____

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Other _____

If Weekly, WHICH day of the week is Payday: _____ Payroll System (including if done internal): _____

Multi-Languages Needed: Y N Desired Languages (e.g., Spanish, Mandarin, etc.): _____

Important Implementation Steps for Employers Who are Setting up EZ\$AVINGS4U plans:

1. Sign and Return this Info Form to EZ\$AVINGS4U ASAP
2. Pay the 50% deposit (\$1,000 to McClements Insurance Services, LLC) to begin the EZ\$AVINGS4U implementation process
3. Review all online Training Modules and the Employer Binder (EZ\$AVINGS4U will mail the Binder after deposit is made)
4. Coordinate with EZ\$AVINGS4U if any documents / forms need to be customized to meet the employer's need
5. Announce EZ\$AVINGS4U to employees, distribute and then collect signed Announcement forms and Opt-Out forms
6. Go on to the CalSavers website and register your company as having an alternative retirement plan

**Requested Date of Program Announcement to Employees
(should be at least two weeks into the future, from today)** _____

Requested Documentation Customization (for employers who want to customize their EZ\$AVINGS4U plan):

We HIGHLY recommend employers implement EZ\$AVINGS4U with our standard deductions and eligibility features. Specifically, we recommend employers deduct **exactly \$10 per paycheck** as the default employee contribution to the PDIRAWAE program and we recommend employers advise all of their employees of this automatic payroll deduction at time of hire, with an effective date of the first paycheck that occurs after 30 days elapse from the date of the notice to the employee. **But if customization is an absolute requirement, please detail your wishes below (extra costs will be incurred):**

Alternative default contribution: \$ _____ or _____ %

Alternative initial effective date for new employees (possible waiting period before becoming eligible): _____

Other Request for Customization: _____

Employer Certification

With my signature below, I certify that:

As an authorized representative of _____ Employer), I confirm our desire to set up a Payroll Deduction Individual Retirement Account with Automatic Enrollment plan for our employees, using the EZ\$AVINGS4U program.

I understand that it is the employer's sole responsibility to either register with CalSavers or set up a qualified retirement program. I understand that granting formal approval of the EZ\$AVINGS4U (as a qualified alternative to signing up with the CalSavers program) is not something CalSavers does. Therefore, I understand it might become necessary to legally defend the EZ\$AVINGS4U program to any California regulatory authority at some point in the future. In terms of our responsibilities for compliance with Federal (IRS and DOL) regulations regarding Payroll Deductions IRA programs, I understand the employer's role shall be limited and certify that we shall act as a conduit only for our employees to use the payroll deduction as a mechanism for contributions to each employee's IRA.

I further certify that I understand that the persons, employees, agents, sub-agents and representatives of the EZ\$AVINGS4U program are offering it only as an option and that it is the employer's sole responsibility to have carefully considered all employer retirement programs to determine the appropriate program for our employees. No persons, employees, agents, sub-agents and representatives of the EZ\$AVINGS4U program are responsible for any choice in retirement plans selected by the employer, or in the employers set-up and administration of any retirement program, including the EZ\$AVINGS4U program.

I further certify that we (the employer) will pay any applicable bank fees for the operation of the default bank account used to hold any employee payroll deductions and to transfer employee contributions to either the employee's IRA bank / financial institution or directly to the employee (should the employee present an signed Opt-Out Form) as soon as possible, but no more than 10 days from either transaction prompt. I agree that we (the employer) shall also pay for any internal costs for bookkeeping, payroll service fees, and general overhead, for the operation of the EZ\$AVINGS4U program.

Signature

Date

Print Name

Title