

Oglala Lakota College Retirement Contribution

Name: _____ SSN _____

Address: _____ DOB _____

Please list all dates employed at Oglala Lakota College.
 If additional space is needed, please attach separate sheet.

FR: _____ TO: _____ Yrs of Service _____

FR: _____ TO: _____ Yrs of Service _____

FR: _____ TO: _____ Yrs of Service _____

FR: _____ TO: _____ Yrs of Service _____

Grand Total of Service _____

The following are the maximum matching amounts that OLC contributes to an employee's retirement account based on the employee's cumulative years of service.

Please place an **X** in the respective box of which you wish to contribute.

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">1-2 Years</td><td style="padding-left: 20px;">2%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">2-4 Years</td><td style="padding-left: 20px;">3%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">4-6 Years</td><td style="padding-left: 20px;">4%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">6-8 Years</td><td style="padding-left: 20px;">5%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">8-10 Years</td><td style="padding-left: 20px;">6%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">10-12 Years</td><td style="padding-left: 20px;">7%</td></tr> </table>	<input type="checkbox"/>	1-2 Years	2%	<input type="checkbox"/>	2-4 Years	3%	<input type="checkbox"/>	4-6 Years	4%	<input type="checkbox"/>	6-8 Years	5%	<input type="checkbox"/>	8-10 Years	6%	<input type="checkbox"/>	10-12 Years	7%	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">12-14 Years</td><td style="padding-left: 20px;">8%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">14-16 Years</td><td style="padding-left: 20px;">9%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">16-18 Years</td><td style="padding-left: 20px;">10%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">18-20 Years</td><td style="padding-left: 20px;">11%</td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="padding-left: 5px;">20+ Years</td><td style="padding-left: 20px;">12%</td></tr> </table>	<input type="checkbox"/>	12-14 Years	8%	<input type="checkbox"/>	14-16 Years	9%	<input type="checkbox"/>	16-18 Years	10%	<input type="checkbox"/>	18-20 Years	11%	<input type="checkbox"/>	20+ Years	12%
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This certifies the above information is correct and I request _____% or \$_____ to be contributed into my employee retirement account starting with PP#_____.

 Signature

 Date

 Cumulative Service Verified By:

 Date Verified