

**PLUMBERS & STEAMFITTERS LOCAL 166
BENEFIT FUNDS
P.O. BOX 99485
TROY, MICHIGAN 48099-9485
(248) 641-4966 or Toll Free (855) 641-4966**

**DEFERRAL ELECTION FORM
Plumbers and Steamfitters Local 166 Profit Sharing Annuity Plan**

Name: _____

Social Security Number: _____

Current Employer: _____

In addition to the \$1.50 hourly Employer contribution required by the collective bargaining agreement to be made to the Plumbers and Steamfitters Local 166 Profit Sharing Annuity Plan (166 Plan) on my behalf, I hereby elect to defer the following amount from my wages to the 166 Plan for each hour worked not to exceed the applicable IRS deferral limits. The 2021 IRS limit for elective deferrals for those under age 50 is \$19,500. For those age 50 and over, the 2021 IRS limit is \$26,000. The deferral hourly amounts set forth below are based on a 2,000-hour work year.

For those under age 50, select from the following:

_____ \$1.00	_____ \$4.00	_____ \$7.00
_____ \$2.00	_____ \$5.00	_____ \$8.00
_____ \$3.00	_____ \$6.00	_____ \$9.00

For those age 50 and over, select from the following:

_____ \$1.00	_____ \$4.00	_____ \$7.00	_____ \$10.00	_____ \$13.00
_____ \$2.00	_____ \$5.00	_____ \$8.00	_____ \$11.00	
_____ \$3.00	_____ \$6.00	_____ \$9.00	_____ \$12.00	

I understand I may revoke or change this election at any time by advance written notice to my Employer, but such revocation or change will not take effect until the following pay period. I understand that if I revoke this election, I may only resume deferrals while working for the same Employer no sooner than a full pay period following January 1st or July 1st, whichever is sooner.

I further understand that I must complete a new Deferral Election Form if I commence employment with a new Employer.

Signature

Date