

**401(k) PLAN QUESTIONNAIRE**

1. Have you participated in a Section 401(k) deferred compensation plan with another employer this year?

Yes

No

2. If the answer to Question #1 is yes, fill in the amount of compensation you have deferred this year.

401(k) Amount \$ \_\_\_\_\_

401(k) Catch Up Amount \$ \_\_\_\_\_

I hereby certify that the answer(s) given above are correct.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to:  
Benefits Services  
HQE203**