

Members Retirement Program

Retirement Plan Illustration Form

Your Name		Practice Name	
Address	City	Zip Code	
Business Phone		E-mail	

Employee Census

Name	Age	Ownership %	Date of Hire	Part-Time Employee* (Y)	Total Compensation**	Salary Deferral Amount

* Considered a part-time employee, if employee works under 1,000 hours a year.
 ** Estimate compensation if necessary for current business year.

Questions? Call a Retirement Program Specialist at **1-800-523-1125**