

Please complete & submit to the HR Dept or email to [hr@cityofcreedmoor.org](mailto:hr@cityofcreedmoor.org).

Effective Date \_\_\_\_\_

Employee Name \_\_\_\_\_

New Address \_\_\_\_\_

Phone \_\_\_\_\_

Other \_\_\_\_\_

Emergency Contact  
Name & Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



For office use only:

<input type="checkbox"/>	Medical Insurance	<input type="checkbox"/>	Allstate (Cancer/Accident/CI)
<input type="checkbox"/>	Dental Insurance	<input type="checkbox"/>	ProBenefits FSA
<input type="checkbox"/>	Vision Insurance	<input type="checkbox"/>	ProBenefits COBRA
<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Prudential Retirement (fax)
<input type="checkbox"/>	TeleHealth (Core FTP)	<input type="checkbox"/>	LGERS (Accounting Tech submits via Orbits report)
<input type="checkbox"/>	SIS GAP (fax form)	<input type="checkbox"/>	HR Online
<input type="checkbox"/>	Other _____		



NORTH CAROLINA 401(k) PLAN

# Change Form NC 401(k) PLAN

## Instructions

Please print using blue or black ink. Please keep a copy for your records and send completed form to the following address or fax it to 1-866-439-8602.

**NC 401(k) Processing Center**  
PO Box 5340  
Scranton, PA 18505

**Questions?**  
Call 1-866-NC401K1  
for assistance.

Please check and enter only those items you are changing.

- Address Change
- Contribution Rate Change

## About You

Plan number

0 0 2 0 0 3

Current Employer Name: \_\_\_\_\_

Social Security number

Daytime telephone number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

area code

First name

MI

Last name

\_\_\_\_\_

## NEW ADDRESS

New Address

\_\_\_\_\_

City

State

ZIP code

\_\_\_\_\_

Daytime telephone number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

area code

## Contribution Change

I wish to contribute the following from my salary per pay period:

- Before-Tax Contribution Election.**

\$ \_\_\_\_\_, \_\_\_\_\_ .00 (please provide whole dollars only)

**OR**

\_\_\_\_\_ % (please fill in % from 1-80%, in whole percentages)

- Roth 401(k) Contribution Election.**

\$ \_\_\_\_\_, \_\_\_\_\_ .00 (please provide whole dollars only)

**OR**

\_\_\_\_\_ % (please fill in % from 1-80%, in whole percentages)

My yearly salary is \$ \_\_\_\_\_. My pay frequency is \_\_\_\_\_. Please note that if the contribution amount provided is not in the correct format (dollar vs. percentage), Prudential will use your salary information to calculate your contribution in accordance with what your payroll requires.

## Your Authorization

I understand that Prudential will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction.

**This section must be completed in order to process your changes.**

X   
Participant's signature

Date \_\_\_\_\_