



Division of Human Resources
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Division of Human Resources

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401 (k) Plan Contribution Authorization/Change Form

Complete all information and return this form to Benefits/Human Resources – ESC-4

Your ID# _____

Name _____ Home Phone () _____
Last First MI

Address _____

City _____ State _____ ZIP Code _____

Work Location _____ Work Phone () _____

Effective date of change _____
Month/Year

To ensure your change is processed in the month you have requested, this form must be received by the 15th.

_____ SUSPEND my 401 (k) Plan Deduction

_____ CHANGE MONTHLY DEDUCTION: I request a 401(k) Plan monthly contribution of _____ % (whole percentage) or \$ _____ to be deducted from my pay.
This amount must be no more than 100% of PERA includible gross (Gross compensation minus PERA) compensation not to exceed \$18,000 annually (\$24,000 if over 50).

Signature _____ Date _____