

RETIREMENT PROGRAM OPT-OUT ACKNOWLEDGEMENT FORM

Employee Information

Employee Name			
DOB		Telephone	
Address			

Acknowledgement of Voluntary Opt-Out

I, the undersigned employee, acknowledge that I have been informed about the state sponsored retirement savings program available through my employer.

I understand that participation in this program is voluntary, and I have the option to enroll or decline participation.

After reviewing the information provided, I hereby confirm that:

I choose NOT to participate in the retirement savings program at this time.

I confirm that this decision is made voluntarily and without coercion or pressure from my employer.

I understand that I may be able to enroll in the future, subject to program rules and eligibility.

Employer (Confirmation) Use Only

Employer Representative Name

Signature

Date