

#### Adding a New Employee to Empower

This form should be completed by new employees who will receive benefits from your organization. Below lists the required fields for adding a new participant through the Empower Plan Service Center.

If you have questions, please contact the Church Benefits Board at helpdesk@churchbenefits.org or (770) 220-1672

•	First name
•	Middle Initial
•	Last name
•	Social Security Number
•	Birth Date
•	Marital Status
•	Gender
•	Preferred Language
•	Address
•	City
•	State
•	Zip
•	Home Phone
•	Work Email
•	Personal Email
•	Participation Date (date eligible for benefits)
•	Hire date
•	Annual Salary Amount

This form is for your records and does not need to be returned to CBB.

Step by Stey Instructions are below.

# Step-by-Step instructions to Add/Enroll Employee into CBB 403(b)9 Plan

## Screen 1

- 1. Login to Empower Plan Service Center (plan.empower-retirement.com)
- 2. Click "Participants" in left menu
- 3. Click "Add Employee"
- 4. Complete All Fields using information from "Adding New Employee" Form
- 5. Click Continue

Add a New Employee:	
Enter SSN:	000-00-1234
Re-Enter SSN:	000-00-1234
Participant Date of Birth:	01/01/2000 mm/dd/yyyy
Participant Last Name:	SMITH
	Continue

# Screen 2

1. Complete all applicable information.

2. Be sure to include personal email AND work email. At the very least, you must include a personal email address.

#### 3. Click Continue

SSN: 000-00-5555			Name: SMITH
Employee Basic Informat	ion:		
*Last Name:	SMITH		
*First Name:	JANE		
Middle Name:			
Suffix:			
*Birth Date:	01/01/2000	(mm/dd/yyyy)	
Marital Status:	MARRIED 🗸		
Gender:	FEMALE V		
Language Preference:	ENGLISH V		
Non Resident Alien:	~		
Employee Contact Inform	nation:		
*Address:	1111 SAMPLE LANE		
*City:	SAMPLE		
**State:	VIRGINIA	~	
**Zip:	22222		
Country:	UNITED STATES	~	
Home Phone:	540 555-5555		
Work Phone:	540 234-5678		Work number recommended to provide a more accurate reporting and website experience.
Extension:			more accurate reporting and website experience.
Mobile Phone:	540 555-5555		
Fax:			
Work Email:	JSMITH@FBCSAMPLE.(		Email recommended to provide a more accurate
Personal Email:	JANESMITH@GMAIL.CC		
Confirm:	JANESMITH@GMAIL.CC		
		* Mandatory Fields	
	** Ma	ndatory Fields for the United States and Cana	ida only
		Continue Exit without adding employee	

## Screen 3

- 1. Eligibility Code = Yes
- 2. Participation Date = Date Employee was eligible to receive benefits
- 3. Leave Participant Date Source & Ineligibility Reason Code Blank
- 4. Click Continue

Eligibility Information:
Eligibility Code: Yes 🗸
Participation Date: 05/01/2023 (mm/dd/yyyy)
Participation Date Source:
Ineligibility Reason Code:
Previous Page Continue Exit without adding employee

## Screen 4

- 1. Salary Amount = Annual Salary + Housing Amount
- 2. Frequency = Annual
- 3. Click Continue

Enter Income Data:
*Salary Amount: 80000
*Frequency: ANNUAL * 1 🗸
Previous Page Continue Exit without adding employee

# Screen 5

- 1. Hire Date = The Employee's First Day
- 2. Leave the remaining items blank
- 3. Click Continue

SN: 000-00-5555			Name: JANE SMITH
d new employment information:			
Hire Date	05/01/2023	(mm/dd/yyyy)	
Term Date		(mm/dd/yyyy)	
Term Reason	~	]	
Employee Id			
Insider?	No 🗸		
Officer?	No 🗸		
Super Officer?	No 🗸		
Highly Compensated?	No 🗸		
Ownership Percentage			
Trade Monitoring Indicator?	~		
FT/PT Employee	<b>~</b>		
Overseas Employee?	~		
Overseas Date		(mm/dd/yyyy)	
Providuo Para	Continue	hout adding employee	
Flevious ray	S Continue Exit wi	mout adding employee	

## Screen 6

### 1. Confirm the Division/Account listed is your employer

\*If you manage multiple employer accounts, be sure you select the one applicable to this employee. 2. Click Continue

nter Subset Information:		
Select Division: D 5000 5000 GPP Training Division	~	
Previous Page	Continue Exit without adding employe	ю
creen 7		
Click "Continue Using Default Allo	ocation"	
)o not change any percentages		
o not change any percentages.		
SSN: 000-00-5555		Name: SALLY SMITH
Employee Allocation Information as of: 05/25/2023		
No allocations are de	efined for this participant.	
Add/Char Note: Funds may impose redemption fees on certain transfers, redemptions o prospectus or other disclosure documents. For more information, please refe	reconstructions or exchanges if assets are held less than the period r to the fund's prospectus and/or disclosure docur	d stated in the fund's nents.
Enter New allocations for future contributions:		
Investment Option Guaranteed Lifetime Income	Fund Short Name	Enter Percentage
Empower SecureFoundation Bal Inst	VAIRI Z 1	0 %
	VOIDEL I	
Asset Allocation	VTILL 1	0
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Use Default Allocation Save Cancel

## Screen 8

#### 1. Click "Continue without deferrals"

Percent Dollar		Enter deferral election	Select target payroll	~
ferral information for	Roth			
Percent Dollar		Enter deferral election	Select target payroll	*

That's it! When complete, the system will bring you back to the first screen.

#### **Important Notes:**

1. **Existing Employee Error**: If an employee has an account within the CBB 403(b)9 plan but is associated with another employer, you will not be able to get through this entire process. You will receive an error that says this individual already exists in the system. If that happens, email Jenny Clore, Director of Benefits, <u>jclore@cbf.net</u>.

2. **Employee Deferrals**: Deferrals or Employee Voluntary Contributions should be managed by the administrator/billing contact.

Employees are required to complete a <u>Salary Reduction Agreement</u> and submit to the employer's financial administrator.