



City of Aurora, Colorado 457(b) Deferred Compensation Plan Automatic Enrollment Opt-Out Form

Use this form to opt out of your employer's Automatic Enrollment Feature.

Plan Sponsor Information

Plan Sponsor Number: 0038773001 Plan Name: City of Aurora, Colorado

Employee Information

Name: _____ SSN: _____

Employee ID: _____ Department: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Authorization

I hereby elect to opt-out of the automatic enrollment feature in my employer's retirement plan. I understand that such election will be processed as soon as possible by my employer. I also understand that my election to opt-out is not irrevocable, and I may enroll in the Plan at a later time.

Participant Signature: _____ Date: _____

Form Return

Please return your completed form by one of the ways listed:

1. Submit to your department's time keeper
2. Send to the City's Payroll Office, 5th Floor AMC
3. Fax to the City's Payroll Office at 303-739-7844