

ADOPTION AGREEMENT

between

_____ (hereinafter "**Employer**")
(Name of Company)

and

_____ (hereinafter "**NECA**")
(Name of Chapter)

This Adoption Agreement between **Employer** and **NECA** is intended for the following limited purpose:

Employer wishes to permit its employees not covered under a collective bargaining agreement to participate in a tax qualified plan under Section 401(k) of the Internal Revenue Code, which permits employees to make voluntary contributions through payroll deductions authorized by the Employee and made through the Employer.

NOW THEREFORE, **NECA** and **Employer** agree that this Agreement shall be and hereby is adopted to provide as follows:

1. **Employer** shall provide payroll deduction services to its employees not otherwise covered under a collective bargaining agreement to permit voluntary employee contributions to the **WESTERN REGION NECA 401(k) PLAN** (hereinafter the "Plan").

2. **Employer** shall make :

____ a. an employer match contribution to such Plan in the amount of \$_____ per _____;

____ b. an employer base contribution to the Plan in the amount of \$_____ per _____, regardless of the rate of participation by the employee;

____ c. (other) _____

and shall be obliged to facilitate administrative withholding and reporting procedures to effect voluntary payroll deductions set forth in the provisions of the Plan.

3. **Employer** shall submit all wage and employee census data for annual discrimination testing on all eligible employees, in accordance with the time requirements and format specified by the Plan.

4. **Employer** acknowledges that an Employee is 100% vested in his/her employee deferral account at all times. **Employer** acknowledges that Employee is 100% vested in their Employer contribution account immediately upon adoption of the Plan. **NOTE:** Participating under "Safe Harbor" provisions requires immediate vesting of Employer contributions. Contact the Administrator if you have questions regarding this provision.

5. This Adoption Agreement shall be effective _____.

DATE:

Employer

Name:

By: _____

Name:

Title:

DATE:

WESTERN REGION NECA 401(k) PLAN

By: _____

Chairman, Board of Trustees

By: _____

Secretary, Board of Trustees