

WORKFORCE West Virginia
UNEMPLOYMENT COMPENSATION DIVISION
NOTICE OF CONTRIBUTION RATE

RECEIVED DEC 17

DATE MAILED: 12/14/2012

FOR CALENDAR YEAR BEGINNING
JANUARY 1, 2013

ACCOUNT NUMBER

Agency Name
Address

1. OLD RESERVE BALANCE	
2. PAYMENTS CREDITED	
3.	
4. BENEFITS CHARGED	

USE THIS RATE
WHEN
FILING REPORTS

-5- QUALIFYING YEAR	-6- AVERAGE ANNUAL PAYROLL	-7- % RESERVE TO A.A.P.R.	-8- COMP. CODE	-9- NEW RESERVE BALANCE	-10- EARNED RATE	-11- REPORTING RATE
					1.9	1.9

12. EXPLANATION OF ITEM 10 OR 11, IF REQUIRED

**YOUR 2013 RATE IS BASED ON COLUMN C OF THE RATE CHART
IN CHAPTER 21A, ARTICLE 5, SECTION 10.**

PLEASE NOTE: THIS RATE IS FOR 2013 AND NOT FOR THE FOURTH QUARTER OF 2012

An employer desiring a review and redetermination of a contribution rate may file an application for such a review within 30 days after the notice of contribution rate was mailed. The application should be addressed to the Contribution Accounting Section of the Unemployment Compensation Division, 112 California Avenue, Charleston, WV 25305. For questions concerning this notice you may contact the Contribution Accounting Section at 304-558-2676.

See reverse side of form for explanation of earned rate computation and explanation of terms.



400 Quarrier Street Charleston, WV 25301-2010

Workers Compensation and Employers Liability Insurance Policy



Policy Number:	
Named Insured:	
Agency Name:	

**Extension of Information Page
Classification of Operations**

Class Code No.	Class Description	Exposure	Rate	Estimated Annual Premium
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State: WV

Premium Period: 12/14/2012 - 12/14/2013

Location: 1



CLERICAL OFFICE EMPLOYEES NOC
SOCIAL SERVICES ORGANIZATION-ALL
EMPLOYEES & SALESPERSONS, DRIVERS



9837	Employers Liability Limits		0.009	
9898	Experience Modification Premium		1.33	
	Total Standard Premium			
0900	Expense Constant			
9740	Terrorism		0.014	
9741	Catastrophe (Other than certified acts of terrorism)		0.014	
9614	Broad Form Employers Liability		0.0341	
9703	WV Regulatory Budget Surcharge		0.055	
9702	WV Deficit Reduction Surcharge		0.09	
9704	WV Fire and Casualty Surcharge		0.0055	

Policy Estimated Annual Premium

Policy Total Amount Due

Issue Date: 12/13/2012
Issuing Office: Charleston, WV

SUMMARY OF 403(b) RETIREMENT PLAN Effective 7/1/11

a non-profit organization, provides a 403(b) retirement plan for its employees. All employees, *regardless of full-time status*, are eligible to participate in the retirement plan *after one year of service*. provides this benefit to eligible employees at a rate of **3% of salary/wages**. Employees can also elect to contribute the up to 99% of their pay to the plan (salary deferral) pre-tax, with **up to 3% being matched dollar-for-dollar** by Thus, pays between 3% and 6% of all eligible employees' wages to the retirement plan.

EXAMPLE: An employee elects to contribute 2% of his/her salary to the plan, will match this contribution. In addition, will pay the 3% base contribution. The total contribution for this employee would be 5%.

EXAMPLE: An employee elects to contribute 4% of his/her salary to the plan, will match this contribution up to 3% of his/her salary, plus pay the 3% base contribution. The total contribution for this employee would be 6%.



HELP | LOGOUT

[Billing Processing](#) [Billing Review](#) [Plan Administration](#) [Regulatory Services](#) [Reports](#)

[Previous](#) [Refresh Fields](#) [Main Menu](#)

[Enter](#)

Participant & Employer Processing
EMPLOYER PLAN DETAIL

Employer # : Plan:
Name : Women's Aid in Crisis, Inc.
Effective Date : 07/01/11
Plan Status : ACTIVE
Status Date : 07/01/11
Plan Year : JANUARY
5500 Series Filing : YES
Gov't Filing Class : STANDARD
Authorized Rep : *
Authorized Rep Email : WATCESMURDER@TRIMMART.COM
Plan Administrator : EMPLOYER
Gov't Report Plan # : 002
Statements Mailed To : HOME

Loan Provision : NO

ACTION: [NEXT PLAN](#)

Go To: Go To for this page is "ERDET"

[Previous](#) [Refresh Fields](#) [Main Menu](#)

[Enter](#)

08/12/13 15:16:36 ERDET



Billing Processing Billing Review Plan Administration Regulatory Services Reports

[Previous](#) [Page Up](#) [Page Down](#) [Main Menu](#)

[Enter](#)

Participant & Employer Processing
ELIGIBILITY

Employer # : [] Plan: []
Name : Women's Aid in Crisis, Inc.

Eligibility for Employer Contributions	Matching	Non-Matching
Minimum Age	00	00
Service (in months)	012	012

Non-Profit Service Within 3 Years of Hire Counted: NO
Immediate Eligibility for Previous Participation
in Mutual Pension or Thrift Plan : NO
in Employer's Prior Plan : NO

Go To: [] Go To for this page is "ERELI"

[Previous](#) [Page Up](#) [Page Down](#) [Main Menu](#)

[Enter](#)

08/12/13 15:15:49 ERELI



HELP | LOGOUT

Billing Processing Billing Review Plan Administration Regulatory Services Reports

[Previous](#) [Page Up](#) [Page Down](#) [Main Menu](#)

[Enter](#)

Participant & Employer Processing
CONTRIBUTIONS AND VESTING

NO MORE VESTING INFO EXISTS.

Employer #: Plan:
Name : Women's Aid in Crisis, Inc.

Benefit Class : 01
Participant Contributions

Employer Contributions

Maximum Percentage 99.000

100.000 of the first 3.000 percent
0.000 of the next 0.000 percent

Vesting

Non-Match Contribution: 3.000%
Flat Amount Per Salary Period:\$ 0.00
Forfeiture Option : CREDIT ADVICE
Fully Vested After: 6 YEARS

Automatic Vesting at Age: 65
Schedule : GRADED

Years of Service : 0-1 1-2 2-3 3-4 4-5 5-6 6-7 7 or MORE

Vesting Percentage : 0 0 20 40 60 80 100 100 GRADED

Go To: Go To for this page is "ERVES"

[Previous](#) [Page Up](#) [Page Down](#) [Main Menu](#)

[Enter](#)

08/12/13 15:16:58 ERVES

Billing Processing Billing Review Plan Administration Regulatory Services Reports

Previous Refresh Fields Page Up Page Down Main Menu

Enter

Participant & Employer Processing LIST OF PLAN PARTICIPANTS

SELECT A PARTICIPANT

Employer #: Plan : 403B
Name : Women's Aid in Crisis, Inc.

Federal EIN:
Plan Status: ACTIVE
Status Date: 07/01/2011
Effective Date: 07/01/2011

Table with columns: Soc Sec #, Participant Name, Status In Plan, Status Date, Auto-Enrolled. Rows include ACTIVE and TERMINATED statuses with corresponding dates.

Social Security # Search: [] [] [] or Last Name Search: []

MORE...
* = PENDING

List of Automatic Enrolled Participants

Go To: [] Go To for this page is "ERLIS"

Previous Refresh Fields Page Up Page Down Main Menu

Enter

08/12/13 15:18:18 ERLIS



Billing Processing Billing Review Plan Administration Regulatory Services Reports

[Previous](#) [Refresh Fields](#) [Page Up](#) [Page Down](#) [Main Menu](#)

[Enter](#)

Participant & Employer Processing
LIST OF PLAN PARTICIPANTS

SELECT A PARTICIPANT

Employer #: Plan : 403B
Name : Women's Aid in Crisis, Inc.

Federal EIN: 6
Plan Status: ACTIVE
Status Date: 07/01/2011
Effective Date: 07/01/2011

Soc Sec #	Participant Name	Status In Plan	Status Date	Auto-Enrolled
		ACTIVE	07/28/11	
		ACTIVE	07/01/13	
		TERMINATED	08/17/11	
		ACTIVE	08/05/11	
		ACTIVE	08/05/11	
		ACTIVE	07/21/11	
		ACTIVE	08/26/11	
		ACTIVE	07/27/11	

Social Security # Search:

or Last Name Search:

MORE...
* = PENDING

List of Automatic Enrolled Participants

Go To: Go To for this page is "ERLIS"

[Previous](#) [Refresh Fields](#) [Page Up](#) [Page Down](#) [Main Menu](#)

[Enter](#)



HELP | LOGOUT

Billing Processing Billing Review Plan Administration Regulatory Services Reports

[Previous](#) [Refresh Fields](#) [Page Up](#) [Page Down](#) [Main Menu](#)

[Enter](#)

Participant & Employer Processing
LIST OF PLAN PARTICIPANTS

SELECT A PARTICIPANT

Employer #: Plan : 403B
Name : Women's Aid in Crisis, Inc.

Federal EIN:
Plan Status: ACTIVE
Status Date: 07/01/2011
Effective Date: 07/01/2011

Soc Sec #	Participant Name	Status In Plan	Status Date	Auto-Enrolled
		ACTIVE	07/21/11	
		TERMINATED, PART-VESTED	04/25/12	
		ACTIVE	07/21/11	
		ACTIVE	07/21/11	

Social Security # Search:

or Last Name Search:

* = PENDING

List of Automatic Enrolled Participants

Go To: Go To for this page is "ERLIS"

[Previous](#) [Refresh Fields](#) [Page Up](#) [Page Down](#) [Main Menu](#)

[Enter](#)

08/12/13 15:19:20 ERLIS

(EMPLOYER NAME)

SECTION 403(b) THRIFT PLAN CONTRIBUTION ELECTION FORM

EMPLOYEE NAME

XXX-XX-
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

The 403(b) Thrift Plan has been explained to me and/or I have been given a Summary Plan Description. I understand that I may voluntarily choose to have my pay reduced for contributions to the plan.

ELECTION TO CONTRIBUTE

I elect to contribute 3 % or \$ _____ of my pay and authorize my employer to deduct that amount each pay period. I am aware that my contribution may be reduced in order to comply with federal tax rules and limits, including any higher limits that apply to participants age 50 or older. I also understand that this election will take effect with the first pay period beginning on or after the first day of the next month within a reasonable time after I file this election with my employer. I may stop or change my election for future pay periods by giving my employer written notice, which notice will be given effect as soon as administratively feasible.

I am aware that my contributions and earnings cannot be withdrawn or paid until I attain age 59-1/2 or upon my death, disability or termination of employment. My contributions may be available for withdrawal in the event of serious financial hardship (according to the plan and IRS rules).

EMPLOYEE SIGNATURE

DATE

6/30/11

ELECTION NOT TO CONTRIBUTE

I do not wish to contribute to the plan at this time. I understand that if the plan provides for matching employer contributions, I will not be entitled to such contributions during the time I am not contributing. I also understand that I may elect to contribute in the future by completing a contribution election form and an enrollment form and filing them with my employer.

EMPLOYEE SIGNATURE

DATE

EMPLOYER REPRESENTATIVE

DATE RECEIVED

NOTE TO EMPLOYERS

THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S PLAN RECORDS.

EMPLOYERS SHOULD REVIEW THIS SAMPLE PAYROLL AUTHORIZATION FORM WITH COUNSEL REGARDING ANY APPLICABLE STATE LAW THAT MAY AFFECT THIS DOCUMENT.