Clear Form

WASHINGTON STATE Department of Retirement Systems

Deferred Compensation Program (DCP)
Resolution No. _____

This resolution can be used to:

- Authorize an organization's participation in the Washington State Deferred Compensation Program (DCP)
- Change the automatic enrollment option for organizations currently participating in DCP

Send completed form to:
Department of Retirement Systems
Employer Support Services
PO Box 48380 • Olympia, WA 98504-8380

www.drs.wa.gov/dcp • 800.547.6657
email: *employersupport@drs.wa.gov*

Participation Status

_____(legal name of organization), a political subdivision of Washington state, authorizes and approves this resolution.

☐ This organization is requesting to participate in the Washington State Deferred Compensation Program.

Or

☐ This organization already offers DCP and is changing the automatic enrollment option.

Automatic Enrollment Option

RCW 41.50.770 permits counties, municipalities, and other political subdivisions to participate in the DCP automatic enrollment provision as outlined in WAC Chapter 415-501.

Does the organization want to participate in automatic enrollment? ☐ Yes ☐ No

Authorizing Signature(s)

The organization:

1. Requests to participate in DCP, as allowed by RCW 41.50.770.
2. Has reviewed the program provisions and agrees to accept all terms and conditions.
3. Understands and agrees that all employee deferrals are held in trust by the Washington State Investment Board for the exclusive benefit of program participants and eligible beneficiaries.

Passed this _____ day of _____, 20_____

Signature	Title

Printed Name

Optional: To include additional Resolution signatures, add a separate sheet of paper.

DRSD362