



Deferred Compensation Program (DCP)

Resolution No. _____

Organizations use this form to request DCP participation and to change their automatic enrollment option if they're currently participating.

Email completed form to:
Employer Support Services

drs.employersupport@drs.wa.gov

Participation Status

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

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

Or

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

Automatic Enrollment Option and Employer Contributions

[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

Submit employer-paid contributions 90 days **after** the initial employee enrollment. This will prevent the auto-enrolled participant from withdrawing the employer-paid contributions within the first 90 days.

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.

