



## 457(b) PLAN

### DOCUMENT AUTHORIZATION

The information on this page reflects the information that has been given to National Benefit Services, LLC (NBS) in preparing your plan document. Please carefully review the Company Information, Plan Information and Vendors sections and mark any changes you see.

Company Information			
Employer Legal Name	Hidalgo County		
EIN	74-6000717	Entity Type	Government
Employer Physical Address	2818 S. Bus. Hwy 281		
Employer City, State, Zip Code	Edinburg, TX, 78539		
Phone Number	956-318-2626	Fax Number	
Primary Contact for Plan Operation	Marty Salazar	Contact Email Address	
Plan Information			
Original Effective Date of Plan	July 1, 2004	Plan Year End	12/31
Amendment/Restatement Date	1/1/2019		
NBS Administration Start Date			
Legal Plan Name	Hidalgo County 457 Savings Plan		
Next Pay Date			
Deadline for SRA's		Deduction Type Permitted	<input type="checkbox"/> % of pay <input type="checkbox"/> \$ Amounts only <input type="checkbox"/> Both % & \$
Plan Design			
Contribution Types:	<input checked="" type="checkbox"/> Pre-Tax Deferral <input checked="" type="checkbox"/> Roth: Effective Date: 1/1/2011 <i>(Date no earlier than 1/1/2011)</i>		
	<input checked="" type="checkbox"/> Employer Nonelective: <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Fixed <input type="checkbox"/> Non-pro rata allocation		
	<input checked="" type="checkbox"/> Employer Matching: <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Fixed <input type="checkbox"/> Other, specify:		
	<b>Time period for Employer Match Contributions:</b> <input type="checkbox"/> Plan year <input type="checkbox"/> Quarterly <input type="checkbox"/> Payroll Period <input type="checkbox"/> Other, specify		
Plan Entry Date:	<input type="checkbox"/> Immediate <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annually		
Eligibility:	<input checked="" type="checkbox"/> No Conditions Age: <input type="checkbox"/> months of Service <input type="checkbox"/> Year of Service    Specify:		
Vesting:	100% vested immediately <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no please list vesting schedule below)</i>		
	Yr 1:	%	Yr 2:    %    Yr 3:    %    Yr 4:    %    Yr 5:    %    Yr 6:    %
Forfeiture Allocation:	<input type="checkbox"/> n/a <input checked="" type="checkbox"/> Additional Contributions <input checked="" type="checkbox"/> Reduce Fixed Contributions <input type="checkbox"/> Other, specify		
Modification to Compensation Definition			
<input checked="" type="checkbox"/> <b>No modifications</b>			
<b>Exclude the following:</b> <input type="checkbox"/> Fringe Benefits <input type="checkbox"/> Elective Contributions <input type="checkbox"/> Bonuses <input type="checkbox"/> Overtime    Specify			



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Miscellaneous Provisions			
Billing to Vendors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unforeseeable Emergencies Permitted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Loans Permitted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Age 50 Catch-up Contributions Permitted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Plan's Normal Retirement Age	<input checked="" type="checkbox"/> 65 Specify:	Normal Retirement Age Catch-up permitted <i>(Final 3 year catch-up)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Small, inactive account distributions permitted <i>(balance less than \$5000 and no contributions for 2 years)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Roth Contributions allowed, In-Plan Roth Rollovers permitted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In-Plan Roth Rollover Allowed: 9/28/2010 <i>(no earlier than September 28, 2010)</i>	
Plan-to-Plan Transfers permitted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Automatic Enrollment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic Enrollment Effective Date:	
If yes, what percentage:      % Who does it apply to: <input type="checkbox"/> All participants <input type="checkbox"/> New Participants			
Excluded Employees			
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Yes <i>(please indicate all excluded Employees below)</i>			
Part-time Employees. Employees who normally work less than 20 hours/week			<input checked="" type="checkbox"/>
Seasonal Employees			<input type="checkbox"/>
Temporary Employees			<input type="checkbox"/>
Hourly-paid Employees			<input type="checkbox"/>
All Employees except top-hat group <i>(select group of management or highly compensated employees as would constitute a "top-hat" group within the meaning of Title I of ERISA)</i>			<input type="checkbox"/>
Leased Employees			<input checked="" type="checkbox"/>
Other, describe exclusion(s):			
Independent Contractors allowed to contribute to the Plan?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<i>If Yes, please specify the type of Independent Contractor</i>	



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Vendors	
List of current Active Investment Providers (Vendors)	Nationwide
Orphan Investment Providers	

Advisor Information			
Advisor Name	Walter Reyna	Advisor Email	walter@walterreyna.com
Phone	956-821-4523		

Additional Notes

Administration Fee Schedule	
Plan Document Services	
Plan Document	\$950 waived
Plan Amendments (required or employer requested)	\$150
Required Restatement of Plan Document ( <i>usually every 5-6 years</i> )	\$TBD
Administration Services	
Annual Administration Fee	\$500/year
Per Participant Fee	\$1.80/contributing participant/month
Paid by:	<input type="checkbox"/> Employer <input checked="" type="checkbox"/> Employee <input checked="" type="checkbox"/> Vendor(s) <input type="checkbox"/> Other:
Extra Hourly Work	\$150/hour
Audit Support	\$150/hour

Please review the fees listed above and the Service Agreement, sign on the bottom and fax to the Implementation Team at 1.801.838-7321 acknowledging receipt of both documents. Further, by signing below you are agreeing to the above fee schedule, the provisions of the Service Agreement, and authorizing NBS to prepare your plan documents.

Once this signed document has been received, we will prepare the plan documents and send them to you. You will need to sign certain pages of the documents to make the plan official and in force. ***If, after signing and returning this document, you have changes you would like to make to the plan, these changes will be processed at the standard amendment fee of \$150.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date