

Joint Retirement Board for Conservative Judaism

Phone: (212) 947-2400 Toll Free: (888) JRB-FREE Fax: (212) 947-1676 email: staff@jrbcj.org www.jrbcj.org

CONTRIBUTION REMITTANCE NOTICE

		For Participant:		
		CERT NUMBER:		
(a) F	Employer Contribution - Amount contributed solely by	employer.	\$	(a)
	Salary Reduction Contribution - Amount contributed Agreement between the Employer and Employee. Cale		\$	(b)
` ,	Subtotal - Calendar Year 2024 limit is the lesser of \$69 100% of includible compensation. (Generally, includible compensation equals taxable wages and benefits.)	9,000 or Add lines (a) and (b)	\$	(c)
	Age-50 Or Older Catch-Up Contribution – Participant make an additional salary reduction deposit. Calendar \		\$	(d)
(e)	Total Pension Contribution	Add lines (c) and (d)	\$	(e)
	Please send an employer check, denominated in U.S. currency, payable to The Joint Retirement Board.	Tired of filling in this form and sending in checks? Contact us at staff@jrbcj.org about submitting contributions online.		
		contributions onli	ne.	