



STATE OF IDAHO 457 PLAN

Entity Name BC South Fire Protection District Notice/Resolution# 2025-01

A Resolution to adopt The State Plan for Deferred Compensation

WHEREAS, the State of Idaho has enacted Idaho Code Section 59-513 which permits the State of Idaho and any county, city, or political subdivision of the state, working through its governing body, to contract with an employee to defer income to a 457 Deferred compensation plan, and

WHEREAS, the State of Idaho, by the State board of examiners has established and maintains the Deferred Compensation Plan ("Plan") for participation by state employees, and

WHEREAS BC South Fire Protection District
Idaho, (hereinafter referred to as the "Participating Employer") desires to adopt the State Plan for participation by its employees.

WHEREAS, the Participating Employer has also determined that it wishes to encourage employee's savings for retirement by offering salary reduction contributions.

WHEREAS, the Participating Employer has reviewed the Plan.

By adopting the Plan, BC South Fire Protection District, adopts the investments and services selected by the State of Idaho Board of Examiners.

Therefore, the Participating Employer hereby resolves:

Section 1. The Employer shall abide by the terms of the Plan, including amendments to the Plan made by the State of Idaho Board of Examiners, all investment, administrative, and other service agreements of the Plan, and all applicable provisions of the Internal Revenue Code and other applicable law.

Section 2. The Employer may terminate its participation in the Plan.

The (Official Title of Authorized Individual) has authority to execute on behalf of the (Employer) documents to implement the Plan for the (Employer), and to take action to correctly maintain the Plan under this Resolution.

Approved by the Governing Body of the (Employer) this 8th day of January, 2025.

By:
(Name)

JAY BAILET

Official Title:

Commissioner

Attest:
(Name)

STEPHANIE JASKOWSKI, Business Office Mgr.



Nationwide®

Plan Sponsor FastPay® Update Form

Plan Sponsor Information

Plan Sponsor Name: BC South Fire Protection District
 Employer Tax ID Number: 99-4601613
 Plan Sponsor Number (Nationwide Assigned): _____
 Do you have multiple payroll departments that submit payroll & census separately? ☐ Yes ☒ No
 Address Line 1: 117 E Walnut St.
 Address Line 2: _____
 City: Hailey State: ID Zip: 83333
 Is this an update to your existing address? ☐ Yes ☐ No

PRIMARY AUTHORIZED Contact

The Plan can only have one Primary Authorized Company Representative of which is the recipient of Plan Statements and other Plan-related administrative messages. Updating the Primary Authorized Company Representative will supersede any previous Primary Authorized Company Representative.

1. Name: Stephanie Jaskowski Title: Business Office Mgr.
 Preferred Phone: 208-788-5577 Fax: 208-788-5579 Email: Sjaskowski@wfr.com

Primary Website User

This section is required to establish one person within the Plan Sponsor's office as the primary website user on the NRS website. The primary user will assign and administer all other website roles for the Plan's account, including any contacts noted below that are required for your Plan's online data submission.

☒ New Primary User Access ☐ Replace Existing Primary User ☐ Confirm Existing Primary User on Plan

Primary Website User Contact Information:

☒ Same as Primary Authorized Contact

Name: _____ Title: _____
 Preferred Phone: _____ Email: _____

The primary website user will have the following functions on the website:

- View plan and participant statements
- View and update participant account details
- View plan account details
e.g. - plan health reporting and investment options
- View and/or submit payroll and census details
- Request on demand reports
- Establish secondary website user accounts for staff personnel

We take protecting retirement plan account information very seriously at Nationwide. Therefore, the primary website user is responsible for performing periodic audits to verify that the secondary website users accounts are being used by the original user for legitimate business purposes.

PAYROLL Contacts

Please provide the contact(s) in your office that will use FastPay to submit payroll:

☒ Same as Primary Authorized Contact

1. Name: _____ Title: _____
 Preferred Phone: _____ Fax: _____ Email: _____
 Please specify pay center number or name (if applicable): _____

2. Name: _____ Title: _____
 Preferred Phone: _____ Fax: _____ Email: _____
 Please specify pay center number or name (if applicable): _____

☐ I have additional payroll contacts. If you want to add more than two contacts, you may attach a page with the additional contact information. Any time a new contact is added the above fields are required.

Required Authorization

Primary Authorized Company Representative:

Name (print): Stephanie Jaskowski Title: Business Office Mgr.
 Signature: [Signature] Date: 1/8/2025



Nationwide[®]

Retirement Solutions



Employer Data Sheet

State of Idaho 457 Plan

Employer Information

*The Employer Identification # (EIN) is the number used on the employee's form

Employer Name BC South Fire Protection District		Employee Number# (Assigned by Nationwide Retirement Solutions)	
Employee Address 117 E Walnut Street			
Mailing Address (for priority and/or overnight mail) 117 E Walnut Street			
City Hailey	State IDAHO	Zip Code 83333	
Employer Contact Name & Title Stephanie Jaskowski		Employer Contact Phone Number 208-788-5577	
Number of Eligible Employees 44		Employer Identification # (EIN*) 99-4601613	
Email Address: Sjaskowski@wrfr.com		Other	

If more than one payroll center exists & separate payroll confirmations are desired for each payroll center, please photocopy this form & complete this section for each additional payroll center.

Payroll Center Information

*Note: Deferrals must be remitted to Nationwide Retirement Solutions as frequently as deductions are made.

OBRA Payroll Data must be segregated from the payroll data for your voluntary 457 deferred compensation plan.

Payroll Center Contact Name			Payroll Center Contact Title		
Payroll Center Address			Contact Phone number		
Mailing Address (for priority and/or overnight mail)					
City	State	Zip Code	Contact Fax Number		
Email Address			*Deferral Type (check one): Percentage <input type="checkbox"/> Dollar Amount <input type="checkbox"/>		
Payroll Frequency (number of times deductions made from participant's paycheck) Weekly <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other <input type="checkbox"/>					
Payroll Center will furnish detail on: Web Base Application? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				Number of Payroll Centers 1	

Authorization: I certify, based on the information collected & verified, that I have been able to form a reasonable belief as to the identity of the customer (i.e., Entity/Employer).

Financial Service Representative (FSR) Signature & Title

[Signature]

Agent Number (if applicable)

11812025

Plan Administration Reviewer

Date