

NOMINATION

Submit your nomination by **FRIDAY MAY 3, 2024**, to be considered for an award in June

2024 DATE

NOMINATING ADVISOR OR COMPANY

ORGANIZATION / FIRM NOMINATED

NAME

WEBSITE

NUMBER OF EMPLOYEES

HQ LOCATION (*City and State*)

SPEAKER / DECISION MAKER

NAME

TITLE

SPEAKING STYLE AND EXPERIENCE

NOTIFIED OF THE NOMINATION

RETIREMENT PROGRAM

PLANS OFFERED (*check all that apply*)

401k 403(b) 457(Govt) Profit sharing (other than 401(k)) Money-purchase

Traditional DB CB or Hybrid 409A 457(b) 457(f) 1165(e) (Puerto Rico)

Other (*Please describe*) _____

If the employer offers a Traditional DB, CB or other hybrid plan, please indicate its status (active or frozen), employee eligibility (if applicable), and funding level (if applicable)

ELECTIVE DC PLAN

AUTO ENROLL DEFAULT DEFERRAL RATE %

AUTO ESCALATE MAXIMUM DEFERRAL (*if any*) %

PARTICIPATION RATE % AVERAGE DEFERRAL %

EMPLOYER CONTRIBUTION FORMULA (if applicable)

AVERAGE RETIREMENT INCOME REPLACEMENT RATIO (*Estimate, if available*) %

ADVISOR ROLE

NAME OF PLAN ADVISOR

NUMBER OF YEARS AS A CLIENT (*Firm or Organization*) Years

SERVICES PROVIDED BY THE ADVISOR

ADVISOR INVOLVEMENT IN THE CLIENT'S FINANCIAL WELLNESS PROGRAM

RECORDKEEPING SERVICE PROVIDER ROLE

NAME OF RECORDKEEPING SERVICE PROVIDER

NUMBER OF YEARS AS A CLIENT (*Firm or Organization*) Years

SERVICES PROVIDED BY THE RECORDKEEPING SERVICE PROVIDER

RECORDKEEPER INVOLVEMENT IN THE CLIENT'S FINANCIAL WELLNESS PROGRAM

FINANCIAL WELLNESS PROGRAM DESCRIPTION

NUMBER OF YEARS SINCE FINANCIAL WELLNESS PROGRAM INCEPTION Years

DESCRIBE HOW THE PROGRAM WAS LAUNCHED

WERE EMPLOYEES ASKED TO COMPLETE A FINANCIAL WELLNESS SELF-ASSESSMENT QUESTIONNAIRE AT INCEPTION?

PROGRAM GOALS

PROGRAM METRICS

EMPLOYER'S DEFINITION OF EMPLOYEE FINANCIAL STRESS

OVERALL APPROACH

PROGRAM SCOPE (financial needs addressed)

SELF-SERVICE ONLINE DELIVERY

GROUP MEETINGS

ONE-ON-ONE COUNSELING

GROUND-BREAKING, INNOVATIVE, ORIGINAL, OR CREATIVE PROGRAM CHARACTERISTICS

FREQUENCY OF PARTICIPANT REPORTS OF THEIR FINANCIAL WELLNESS (PERIODIC REVIEW SESSIONS)

FREQUENCY OF PLAN SPONSOR REPORTS OF AGGREGATED PARTICIPANT FINANCIAL WELLNESS (PERIODIC REVIEW SESSIONS)

FINANCIAL WELLNESS PROVIDERS INVOLVED (*if any*)

EMPLOYEE ENGAGEMENT LEVEL (PARTICIPANT UTILIZATION AND ADHERENCE)

FINANCIAL WELLNESS REWARDS PROGRAM (IF ANY)

DEMONSTRATED RESULTS (Δ - CHANGE OVER TIME)

EMPLOYEE FINANCIAL STRESS IMPROVEMENTS OVER TIME (QUANTIFIED)

FINANCIAL WELLNESS SUCCESS SINCE INCEPTION

BUSINESS BENEFITS (*Employee retention, satisfaction, productivity, cost of labor, other*)

WELLNESS BENEFITS OFFERED OTHER THAN FINANCIAL WELLNESS

OTHER CONSIDERATIONS