

## 2025 SIGNATURE AWARDS ENTRY FORM

<u>ATTENTION: All entries must be made online. No physical entries will be accepted.</u> Entry form and any accompanying documents must be in <u>pdf</u> format. Access the system here: <u>2025 PSCA Signature Award Submissions</u>

#### **General Information:**

- Submission Deadline: March 12, 2025
  - o Cost to enter is \$175 for each entry
- Eligible programs include all education campaigns implemented in 2024 even if the program will carry into the first quarter of 2024. Measurable results must be included or campaign cannot be properly judged.
- **REQUIREMENT**: Membership in PSCA by plan sponsor companies is not necessary to enter the competition. Service providers submitting on behalf of a plan sponsor client <u>must</u> be a PSCA member.
- No provider-only campaigns will be accepted. All entries must include a plan sponsor company.

### **Application Instructions:**

- 1. Complete the entry form online and submit supporting documents. All supporting documents must be in pdf format. Please do not submit this "paper" application form. We provide it to you to be able to review the information we ask for and to copy and paste from it into the online platform. *IMPORTANT: system has a 1500 character limit for description boxes*.
- 2. Supporting documents should be in separate pdf files for easier reading. Do not submit a collage of images.
- 3. Number of U.S. employees at the plan sponsor company is required.
- 4. Complete the Measuring Results Worksheet to the best of your ability. You can measure results for your entire plan or for a specific targeted audience. If your campaign began in 2024, but is still on-going and results are not yet available, provide your best estimate of expected results, based on your needs analysis. If no results are provided, it is possible your score will be lowered.
- 5. If you are submitting a campaign in more than one category, you will need to fill out the application in the online platform for each category. You can copy a submission online, so it should be easier to submit in multiple categories.
- 6. Submit the entry online before you pay for it.
- 7. Payment is required for each entry by credit card or by mailing a check. If paying by check, send payment to:

PSCA/Signature Awards, P.O. Box 34725, Alexandria, VA 22334-0725

To pay with credit card contact ARA Accounts Receivable at <u>accountsreceivable@usaretirement.org</u> for instructions.

If paying for multiple entries in one payment, please include a list of the entries that the payment is covering (plan name, category, submitter name). A form is available on our website or by contacting PSCA.

#### **Award Information:**

- Signature Award winners will be announced and honored at the 2025 Annual National Conference April 30-May 2, 2025 in Las Vegas, NV.
- Winning campaigns will be listed on PSCA's website and spotlighted in PSCA's quarterly magazine, *Defined Contribution Insights*.
- If you are a winner, you **may** be notified prior to the announcement of winners for PSCA to get images for print and online use.

PSCA will send out a press release to the media on the day that the winners are announced.

\*For questions or membership information, contact PSCA at 703-516-9300 x112 or psca@usaretirement.org

Plan S	ponsor	Com	nany	σN	ame.
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I. PLAN SPONS	OR COMPANY INFORM	MATION:				
Plan Sponsor Name:						
Contact Name:		Title:				
E-mail Address:						
Mailing Address:						•
City:		State:		ZIP:		
Telephone		•				
Industry:						
<u> </u>						
	ROVIDER COMPANY IN					
	applicable, this information can be left be service provider names will be on the a		provider is included, the	n if the ca	mpaign is a winner	•
Provider:	service provider names will be on the	awaru.				
Contact Name:						
E-mail Address:						
Telephone:						
III. CATEGORY	<b>':</b>					
Please check the categ	gory for which this entry is intend	led. If submitti	ing in more than one	catego	ry, complete sepa	arate
	Category descriptions can be found			bmissio	n site. <i>A plan spo</i>	nsor
<u>must</u> be included for a	ll categories. Provider-only submi	issions will NO	T be accepted.			
☐ Provider Innovation						
Fmnhasizing Divers	ity, Equity and Inclusion Within R	etirement Plar	18			
	ity, Equity and metasion within is	Contenient 1 iui	13			
Financial Wellness						
☐ Innovation in Promo	nting Participation					
	articipation					
	INFORMATION: Entrant	s may submit	a check, made paya	ble to tl	ne Plan Sponsor	
Council of America,	or pay with a credit card.					
, • ·	, please make it payable to PSCA	and mail it to:				
PSCA						
P.O. Box 34725	224 0725					
Alexandria, VA 22	334-0723					
If paying by credit care	d, contact LaToya Millet <u>lmillet@</u>	usaretirement.	org for payment instr	uctions		
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Fees \$175 for each	antru					
Fees: \$175 for each	cnu y					

# **MEASURING RESULTS WORKSHEET**

The Measuring Results Worksheet is a tool designed to help providers and sponsors demonstrate the success of the education programs. PSCA believes that needs assessments and analysis of results are <u>critical components</u> in any successful education campaign. Entrants who are able to demonstrate that these areas have been adequately addressed by their program will be given special consideration and recognition.

#### **Important to Note:**

- This worksheet must be submitted with your entry.
- Complete what you can on this worksheet, even if you do not have all of the information requested.
- Information can be provided on a plan level or for a targeted audience.

D 4 I DI C	C	т е	<b>, •</b>		
Part I. Plan Sponsor Company Information					
Briefly describe your comp	any in th	e space provided	below and include industry:		
Dowt II Employee In	farma	tion			
Part II. Employee In Fill in the requested number			nriata		
Number of U.S. employees		Number of targeted employees:			
Number of locations:			Average length of service:		
Average employee age:			Ratio of males/females:		
Average education level completed (		(check one):			
Pre-HS [	High S	School	☐ Bachelor's Degree	Graduate I	Degree
		L			_
Please describe any unique	aspects	of your employe	ee population:		

Please add attachments to this form as needed.				
Describe the purposes and goals of your program.				
Describe the challenges your campaign faced, if there were	challenges			
Describe the chancinges your campaign faced, it there were	· chancinges.			
Dead IV. Commercian Diameter				
Part IV. Campaign Planning	2			
Did you perform a needs analysis prior to beginning your pro	ogram?	Yes	☐ No	
Check the appropriate boxes to indicate type of data collec				
Focus Group One-On-One Interviews	Phone Interv	iews		
Payroll Data	Surveys			
Other (please describe):				
Were there any unique aspects to your needs analysis?(please	e explain):			

Part V. Your Education Program	m			
Date program was initiated:				
Date program was completed:				
<b>Describe your campaign.</b> (What did you do	? Who did you target?)			
Type of Plan (which plan(s) was your campa	aign for?)			
401(k)	Other Defined Contribution			
403(b) ERISA	HSA			
403(b) Non-ERISA	Nonqualified Deferred Comp			
	program. (Examples: CDs, Intranet, on-site events, live or recorded online			
meetings, print materials, personalized forms	etc.)			

Provide one or more URLs if online materials or websites are necessary for the judging process. If websites that are to be judged require a login, please provide a demo login.

## Part VI. Qualitative and Quantitative Results

Results speak volumes about the success of your campaign and will be an important aspect of the judging. *If you do not provide results, your score will be lowered and your chance of winning will be less.* Please complete this section.

Describe quantitative and qualitative feedback or evidence of your campaign's success here. Your answers should
relate to your answers in Section III through V. You can include participation and savings rate changes, measures
of retirement readiness or financial literacy improvement, metrics of event participation, or any other data you
collected to measure the effectiveness of your program. (Attach additional pages if needed.)