**Logo

Description automatically generated**

**2024 SIGNATURE AWARDS ENTRY FORM**

**ATTENTION: All entries must be made online. No physical entries will be accepted. Entry form and any accompanying documents must be in pdf format. Access the system here:** [**2024 PSCA Signature Award Submissions**](https://my.reviewr.com/s2/site/PSCASignatureAwards2024)

**General Information:**

* Submission Deadline: **February 24, 2024**
  + Cost to enter is $150 for each entry
* Eligible programs include all education campaigns implemented in 2023 – 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 must 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 2023, 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 have the ability online to copy a submission, so that 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 [accountsreceivable@usaretirement.org](mailto:accountsreceivable@usaretirement.org) 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 2024 Annual National Conference May 15-17, 2024 in Salt Lake City, UT.
* 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 Sponsor Company Name: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I. Plan Sponsor Company Information: | | | | | | |
| Plan Sponsor Name: |  | | | | | |
| Contact Name: |  | Title: |  | | | |
| E-mail Address: |  |  | | | |  |
| Mailing Address: |  | | | | | |
| City: |  | State: |  | ZIP: |  | |
| Telephone |  | | | | | |
| Industry: |  | | | | | |

|  |  |
| --- | --- |
| II. Service Provider Company Information: | |
| **If service provider is not applicable, this information can be left blank. If service provider is included, then if the campaign is a winner both the plan sponsor and service provider names will be on the award.** | |
| Provider: |  |
| Contact Name: |  |
| E-mail Address: |  |
| Telephone: |  |

|  |
| --- |
| **III. CATEGORY:**  Please check the category for which this entry is intended. If submitting in more than one category, complete separate forms for each entry. Category descriptions can be found on the PSCA website or awards submission site. *A plan sponsor must be included for all categories. Provider-only submissions will NOT be accepted.* |

Provider Innovation

Emphasizing Diversity, Equity and Inclusion Within Retirement Plans   
  
 Financial Wellness

Innovation in Promoting Participation

|  |
| --- |
| **IV. PAYMENT INFORMATION:** **Entrants may submit a check, made payable to the Plan Sponsor Council of America, or pay with a credit card.** |
| If paying with a check, please make it payable to PSCA and mail it to:  PSCA  P.O. Box 34725  Alexandria, VA 22334-0725  If paying by credit card, contact LaToya Millet [lmillet@usaretirement.org](mailto:lmillet@usaretirement.org) for payment instructions |
| **Fees: $150** for each entry |

##### 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 critical components 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.**

|  |
| --- |
| Part I. Plan Sponsor Company Information Briefly describe your company in the space provided below and include industry: |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part II. Employee Information**  Fill in the requested numbers and check where appropriate: | | | | | | |
| 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 School | | Bachelor’s Degree | | Graduate Degree | |

**Please describe any unique aspects of your employee population:**

|  |
| --- |
|  |

|  |
| --- |
| **Part III. Purposes and Goals of Program**  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.**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Part IV. Campaign Planning** | | |
| Did you perform a needs analysis prior to beginning your program? | Yes | No |

**Check the appropriate boxes to indicate type of data collection.**

|  |  |
| --- | --- |
| Focus Group | Phone Interviews |
| One-On-One Interviews | Plan Data |
| Payroll Data | Surveys |
| Other (please describe): | |
| Were there any unique aspects to your needs analysis?(please explain): | |

|  |  |
| --- | --- |
| **Part V. Your Education Program** | |
| Date program was initiated: |  |
| Date program was completed: |  |

**Describe your campaign.** (What did you do? Who did you target?)

|  |
| --- |
|  |

**Type of Plan** (which plan(s) was your campaign for?)

|  |  |
| --- | --- |
| **401(k)** | **Other Defined Contribution** |
| **403(b) ERISA** | **HSA** |
| **403(b) Non-ERISA** | **Nonqualified Deferred Comp** |

**Indicate the tools and media used in your 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.)**

|  |
| --- |
|  |