



Salary Deferral Agreement
401(a) Plan

CCOERA 401(A) Plan

98721-01

Participant Information

Last Name			First Name			MI			Social Security Number															
Address - Number & Street												E-Mail Address												
City				State				Zip Code				Mo			Day			Year			<input type="checkbox"/> Female		<input type="checkbox"/> Male	
()				()														<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried				
Home Phone						Work Phone						Date of Birth												

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Payroll Information

Specify one of the following:

- New Enrollment
- Restart
- Increase Payroll Deduction
- Decrease Payroll Deduction
- Stop Deductions

Specify the following:

I elect to contribute _____% or \$_____ (per pay period) of my compensation as before-tax contributions to the 401(a) Plan until such time as I revoke or amend my election.

I elect to make a voluntary after-tax contribution of _____% or \$_____ (per pay period) of my compensation to the 401(a) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Agency Name

Agency Number

Your Consent and Signature

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form.

Participant Signature

Date

Participant forward to your local Human Resources office

Authorized Signature(s)

Authorized Plan Administrator/Trustee Signature

Date

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