

SALARY REDUCTION AGREEMENT

457(b)



EFFECTIVE PAY PERIOD BEGIN DATE: _____

Employee Name:		
Employee No.:	Region: BHIP, BHCS, BH CORP., BHMC, BHN	Hire Date:
Daytime Phone No.:		

- Investment Company Change
- I authorize Broward Health to make the following changes in my earnings:
 Employee contributions may not exceed the IRS annual limitation.

Enroll me in the 457(b) Plan. I elect to contribute: \$ _____ each pay period with Fidelity \$ _____ each pay period with VALIC
 \$ _____ one time deduction with Fidelity \$ _____ one time deduction with VALIC

Account application has been submitted to vendor: (circle one) YES or NO If yes, _____ date submitted

- Change my current 457(b) contributions to: \$ _____ each pay period with Fidelity \$ _____ each pay period with VALIC
- STOP all 457(b) salary contributions.

CATCH-UP CONTRIBUTIONS (Check all that apply - include \$ when calculating total \$ above)

- age 50 and over OR 3 years to retirement age 65

Employee Signature: _____ Date Signed: _____

457(b) Vendor Signature: _____

FOR BENEFITS OFFICE USE ONLY:

Keyed by: _____ Keyed date: _____
 Benefits Rep. initials