

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: \_\_\_\_\_

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**FOR BENEFITS OFFICE USE ONLY:**

Keyed by: \_\_\_\_\_ Keyed date: \_\_\_\_\_  
 Benefits Rep. initials