

MSD OF NORTH POSEY COUNTY
Section 403b Salary Reduction Agreement

I. Effective with respect to the amount on or after the first day of SEPTEMBER or MARCH, 20____.

II. _____ each pay period (24 pay period per year) Company _____
(Whole Numbers Only)

III. This agreement shall continue indefinitely until amended or terminated by either party. Written notice must be given 30 day prior to such amendment or termination.

IV. If the Employee terminates employment or the Employer terminates its section 403b plan, this agreement is automatically terminated.

V. Nothing in this Agreement shall be deemed to constitute an employment agreement and nothing contained herein shall be deemed to give the Employee any right to be retained in the employ of the employer.

The employer hereby acknowledges the receipt and acceptance of this request to amend the employment contract and verifies there is a resolution with the Board in regards to the section 403b plan.

Vendor/Company Name

Date _____

Employee Printed Name

Employee Signature

Date _____

Date MSD of North Posey County Received _____

Employer Authorized Signature _____