

If this is a new enrollment, please do not send this form to Human Resources until you have sent your enrollment forms to one of the 403(b) plans (Fidelity, Vanguard, Mutual of America or USAA Life).



This is an: _____ Original Authorization _____ Amended Authorization

By this agreement between (please print name) _____ (Employee) and The Providence Center (Employer), the Parties agree as follows:

1. As of the payroll period ending ____/____, 20____ (the first day of which period is subsequent to the date of this Agreement), the Employer shall reduce the Employee's salary each pay period by \$ _____ or _____ % during the remainder of this calendar year and each succeeding calendar year.
2. The amount of such reduction shall be paid by the Employer to:
3. This agreement shall automatically be renewed each year hereafter unless the Employee notifies the Employer in writing on or before the 30th day prior to the date that this Agreement is to be either (a) terminated or (b) renewed with a different stated amount of salary reduction. The amount of the salary reduction may only be modified once within any taxable year. However, the Employee may terminate this agreement with respect to amounts not earned at the time of termination.
4. The Employee is responsible for determining that the salary reduction in Paragraph 1 does not exceed the "exclusion allowance" defined in Section 403(b) of the Internal Revenue Code. The Employer will provide to the Employee, upon request, any available information from the Employer's records which is necessary to enable the Employee to make these tax determinations. Please check with your financial planner for the maximum amount that can be contributed for each year.

The Parties signed this Agreement as of ____/____, 20____

By _____
(Employee Signature)

by _____
(Employer)

(Employee's Social Security #)

(Employer Signature)

The Providence Center
530 North Main Street
Providence, RI 02904
(401) 528 - 0157