



Tri-City Medical Center

Tri-City Healthcare District

Deferred Compensation Plan

Salary Deferral Agreement

TCHD-001

Name (Last, First, MI)		Social Security #:	
Street Address		Employee #:	
City	State	Zip Code	Date of Hire:
Work Phone #	Home Phone #	Date of Birth:	

<p>457(b) Deferred Compensation Plan <i>Pre-tax Contributions</i></p>	<ul style="list-style-type: none"> • Pre-tax contributions will reduce your taxable income. • Changes to contribution amounts can be made as needed. • 2024 contribution limits: \$23,000 or \$30,500 for 50+ years old. See Catch-Up Provision below. • Contribution limits may be aggregated with NSRP. <p> <input type="checkbox"/> Start <input type="checkbox"/> Restart <input type="checkbox"/> Change <input type="checkbox"/> Stop </p> <p>Total Deferral Amount, per pay period: \$ _____ or _____ %.</p>
<p>457(b) Catch-Up <i>Pre-tax Contributions</i></p>	<ul style="list-style-type: none"> • This election allow employees age 50 and over by the end of the year to make additional Pre-tax contributions. • Catch-Up limit is \$30,500 total for 2024. <p><input type="checkbox"/> Mark the box if you are electing to use the Catch-Up Provision. Date of Birth: _____</p>
<p>Effective Date</p>	<p>This agreement will be effective the later of the first available pay date of the month following the month this agreement is completed or the pay date indicated here. _____</p> <p>Note: If you are stopping your payroll deductions, your election will be effective the first available pay date following receipt of this form.</p>

Tri-City Healthcare has established an Internal Revenue Code (Code) Section 457(b) Deferred Compensation Plan (Plan), for the benefit of its employees. The Plan provide s that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Salary Deferral Agreement with the employer.

The employee acknowledges the following:

1. I elect to participate in the Plans identified above and agree to defer compensation to the Plan in accordance with the applicable Plan and Code.
2. I agree that the elections indicated above will remain in effect until later changed or revoked by me or my contributions during any year the maximum dollar amount allowed under the Plan and Code. If the later occurs, my payroll deductions will automatically stop.

I certify that the information on this form is true, complete and accurate.

X _____
Participant's signature

Date