



# Tri-City Medical Center

## Tri-City Healthcare District MAPP - Money Accumulation Pension Plan Salary Reduction Agreement TCHD-002

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

401(a)  
**MAPP Basic**  
*After-tax*  
Contributions

- Employees must be benefitted and have one year of service to be eligible to participate.
  - Enrollment can take place at any time after one year of service.
  - **MAPP Basic** contributions are a fixed percentage. Employees contribute **2%** and TCMC contributes **6%**.
- New Enrollment** – I elect to contribute **2%** of my compensation and TCMC will contribute **6%**.
- Suspend Basic Contributions** - I elect to stop my 2% contribution. I understand TCMC’s 6% contribution will stop as well.
- Resume Basic Contributions** – I elect to resume contributing **2%** of my compensation and TCMC will resume contributing **6%**.

401(a)  
**MAPP Voluntary**  
*After-tax*  
Contributions

- These are **ADDITIONAL After-tax** contributions that are separate from **MAPP Basic** contributions.
  - These contributions do not effect the **MAPP Basic 2% & 6%** contributions.
  - You must be enrolled in **MAPP Basic** to make these **ADDITIONAL After-tax** contributions.
  - Changes to contribution amounts can only be made once every 6 months.
  - 2024 maximum contribution for **MAPP Basic** and **MAPP Voluntary** combined is \$69,000.
- Start                       Restart                       Change                       Stop

**Total Voluntary Contribution Amount, per pay period:** \_\_\_\_\_ %.

**Effective Date**

This agreement will be effective on the pay period following the one year anniversary or the pay date indicated here:

\_\_\_\_\_

**Note:** If you are stopping your payroll deductions, your election will be effective the first available pay date following receipt of this form.

Tri-City Healthcare has established an Internal Revenue Code (Code) Section 401(a) Money Accumulation Pension Plan (Plan). The Plan provides 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 this Salary Reduction Agreement with the employer.

The employee acknowledges the following:

1. I elect to participant in the Plan indicated above in accordance with the Plan Document 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 reaches 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**