

Employee Instructions:

1. Complete the Employee sections regarding “Name,” “Email Address,” “Mailing Address” and “Work Location.”
 2. Enter your “Social Security Number” in the box provided.
 3. Mark the box that corresponds with the type of SRA you are submitting: “Original Agreement” or “Amendment to a Previous Agreement.”
 4. (a) Enter the info for ALL your new and/or existing accounts (you may have only one account or multiple accounts).
NOTICE: Any SRA accounts not listed will be automatically terminated.
(b) Enter the salary reduction amount (percentage or dollar Amount) you wish to be withheld from your payroll.
(c) Enter the month or payroll date that you wish your elections (new account or amendment) to be effective.
(i) If effective payroll date is blank, changes will take effect the next processing period after date of receipt of this form.
(d) If this SRA is being submitted to terminate a current salary reduction, please list the company name to be terminated and indicate “Terminate Reduction” in the space provided (check box).
(e) Total the percentage or dollar amount for all contributions, and enter the total in the box provided.
 5. Provide agent name and telephone number, if applicable.
 6. Sign and date the agreement. Please provide a telephone number where you can be reached during business hours.
 7. Submit to your payroll processing department.
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