Work Location Position Original Agreement	Blue Hills Regional Technical School, MA Participation Agreement for Internal Revenue Code Section 457(b) Deferred Compensation Program	Name of Company - 457(b) Product Provider	
Original Agreement With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by: Equal amounts of	Employee Name	Social Security Number	
With respect to services rendered by the Employee hereafter, the Employee and the Employee hereby agree the Employee's compensation for such services shall be reduced by: Equal amounts of \$ per pay period beginning the	Work Location	Position	
services shall be reduced by: Equal amounts of \$ per pay period beginning the, 20pay period. Increase from \$ per pay period to \$ beginning the, 20pay period. Decrease from \$ per pay period to \$ beginning the, 20pay period. Decrease from \$ per pay period to \$ beginning the, 20pay period. Decrease from \$ per pay period to \$ beginning the, 20pay period. Suspended - Name of Company Effective Date of suspension, 20 have read the above and understand the proposed change. I hereby request that such change be effected, realize that if the change results in decrease in elimination of reduction under the 457(b) Deferred Compensation program, this this reduction cannot be "made up" in the future unless it alls within the guidelines established by the Internal Revenue Code of 1986, as amended. The undersigned hereby agrees to the terms and convoint the Plan has been made available to them. This election shall confinue unlith e undersigned hareby or provided by the Plan. The employer hereby authorizes on the provder company to lisue an annuity contract or custodial arrangement a designated as the employer's 457 Deferred Compensation Plan. (the Employee) understand and agree to the following: Apple dignal Tochnical School, MA network and adjue to the inter by the employer hereby authorizes on the provided change to the culturation of the maximum limit, I authorize on the annuity contract or custodial arrangement a designated as the employer's 457 Deferred Compensation Plan. Mp efforted aconnot begin acomer than th	Original Agreement		
Amendment Agreement - Type of Change Desired Increase from \$			
Increase from \$ per pay period to \$ beginning the, 20 pay period. Decrease from \$ per pay period to \$ beginning the, 20 pay period. Decrease from \$ per pay period to \$ beginning the, 20 pay period. Decrease from \$ per pay period to \$ beginning the, 20, have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease relimination of reduction under the 457(b) Deferred Compensation program, that this reduction or elimination cannot be "made up" in the future unless it alls within the guidelines established by the Internal Revenue Code of 1986, as amended. The undersigned hereby agrees to the terms and conditions of the Blue Hills Regional Technical School , MA Deferred Compensation Plan ("Plan") as use the an now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned alress a subsceptent election as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement is designated as the employer 457 Deferred Compensation Plan. ("Heamployee) understand and agree to the following: Ay deferrals cannot begin sconer than the month following Participation Agreement. Any overstatement of the amounts excludable as a salary reduction in the agreement, or any outer violation of the requirement of IRS Code Section 457 could revess. Interest, and penalties to the Employee. hereby authorize my Employer to reduce or suspend any deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excees indirect these amounts ackcludable area aslary reduction in the agreement, or any outer violation of the tenguined and the selection of the insurance company, custodian, or regulated company, or my ele	Equal amounts of \$ per pay period beginning	the, 20pay period.	
Decrease from \$ per pay period to \$ Effective Date of suspension, 20, 20	Amendment Agreement - Type of Change Desired		
Suspended - Name of CompanyEffective Date of suspension, 20 have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease and sublement of reduction under the 457(b) Deferred Compensation program, that this reduction or elimination cannot be "made up" in the future unless it alls within the guidelines established by the Internal Revenue Code of 1966, as amended. The undersigned hereby agrees to the terms and conditions of the Blue Hills Regional Technical School, MA Deferred Compensation Plan ("Plan") as used here no as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan. (the Employee) understand and agree to the following: Ay deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Plan. I eatize I may not assign or transfer my rights under the Plan. arm responsible for the accuracy of the excludable amounts stated in the Agreement. Any overstatement of the amounts excludable as a salary reduction in the agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee. hereby authorizer my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum limit, I authorize my Employer to disallow deferral of the exceed the maximum limit, I authorize my Employer to disalle deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral or useded in dits mays the sel	Increase from \$ per pay period to \$	beginning the, 20pay period.	
have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease relimination of reduction under the 457(b) Deferred Compensation program, that this reduction or elimination cannot be "made up" in the future unless it alls within the guidelines established by the Internal Revenue Code of 1986, as amended. The undersigned hereby agrees to the terms and conditions of the Blue Hills Regional Tachnical School, MA Deferred Compensation Plan ("Plan") as uch Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned hacks a subsequent election as provided by the Plan. The employer hereby authorizes on the provider company to Issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement as the employer's 457 Deferred Compensation Plan. (the Employee) understand and agree to the following: dy deferrals cannot begin sooner than the month following Participation Agreement approval . My accumulated deferrals will be held in trust by the slate Ling Internation of the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. are responsible for the accuracy of the exclusive benefit of SC Code Section 457 could result in additional taxes, interest, and penalties to the Employee. hereba authorize my Employer to reduce or suspend any deferrals established by this agreement, fi in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be	Decrease from \$ per pay period to \$	beginning the, 20pay period.	
or elimination of reduction under the 457(b) Deferred Compensation program, that this reduction or elimination cannot be "made up" in the future unless it alls within the guidelines established by the Internal Revenue Code of 1986, as amended. The undersigned hereby agrees to the terms and conditions of the Blue Hills Regional Technical School, MA Deferred Compensation Plan ("Plan") as uch Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned nakes a subsequent election as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan. (the Employee) understand and agree to the following: My deferrals cannot begin sconer than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Blue Hills Regional Technical School, MA for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I eatize 1 may not assign or transfer my rights under the Plan. am responsible for the accuracy of the excludable amounts stated in the Agreement. Any overstatement of the amounts excludable as a salary reduction the agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee. hereby authorize my Employer to reduce or suspend any deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be refunded to me. Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with egrand tom yes	Suspended - Name of Company	Effective Date of suspension, 20	
 such Plan nöw exists or is fereinafter amended and a copy of the Plan has been mäde available to them. This election sporvided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan. (the Employee) understand and agree to the following: My deferrals cannot begin sconer than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Sidue Hills Regional Technical School, MA for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I ealize I may not assign or transfer my rights under the Plan. am responsible for the accuracy of the excludable amounts stated in the Agreement. Any overstatement of the amounts excludable as a salary reduction in the agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee hereals under signad withorize my Employer for disallow deferral would exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be refunded to me. Release of Liability - The Employees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with elegard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated company, or my election and purchase of shares of regulated investment companies. Are provide that the owner of the annuity contract or custodial arrangement for the benefit of the apployer's 457 Deferred by me with elegard to my selection of the annuity and/or custodial account, its terms, the selection of the insu	I have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease or elimination of reduction under the 457(b) Deferred Compensation program, that this reduction or elimination cannot be "made up" in the future unless it falls within the guidelines established by the Internal Revenue Code of 1986, as amended.		
Any deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Blue Hills Regional Technical School, MA for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I ealize I may not assign or transfer my rights under the Plan. am responsible for the accuracy of the excludable amounts stated in the Agreement. Any overstatement of the amounts excludable as a salary reduction in the agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee. hereby authorize my Employer to reduce or suspend any deferral escablished by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be refunded to me. Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with egard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated company, or my election and purchase of shares of regulated investment companies. The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the ignature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employee and Employee and Employee . Any change to this Agreement must be in writing to the Employee and becomes effective upon the execution of the Agreement by Employee and Employee. This Agreement may be terminated by either the Employer or Employee upon thirty(30) days notice to the Company and to the Employer or Employee as applicable.	The undersigned hereby agrees to the terms and conditions of the Blue Hills Regional Technical School, MA Deferred Compensation Plan ("Plan") as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes a subsequent election as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.		
Side Hills Regional Technical School, MA for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I ealize I may not assign or transfer my rights under the Plan. am responsible for the accuracy of the excludable amounts stated in the Agreement. Any overstatement of the amounts excludable as a salary reduction in the agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee. Hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed he maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be refunded to me. Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with egard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated company, or my election and purchase of shares of regulated investment companies. The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the compensation Plan. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of the Agreement by Employee and Employer. This Agreement may be terminated by either the Employer or Employee upon thirty(30) days notice to the Company and to the Employee or Employee as applicable. Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in applicable.	I (the Employee) understand and agree to the following:		
n the agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee. hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed he maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be refunded to me. Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with egard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated company, or my relection and purchase of shares of regulated investment companies. The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the ignature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of the Agreement by Employee and Employer. This Agreement may be terminated by either the Employer or Employee upon thirty(30) days notice to the Company and to the Employer or Employee as applicable. Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in	Blue Hills Regional Technical School, MA for the exclusive benefit of pa realize I may not assign or transfer my rights under the Plan.	n Agreement approval. My accumulated deterrais will be held in trust by the ticipants and their beneficiaries until paid to me under the rules of the Plan. I	
he maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be refunded to me. Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with egard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated company, or my selection and purchase of shares of regulated investment companies. The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the ignature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of the Agreement by Employee and Employer. This Agreement may be terminated by either the Employer or Employee upon thirty(30) days notice to the Company and to the Employer or Employee as applicable. Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in	I am responsible for the accuracy of the excludable amounts stated in the Ac in the agreement, or any other violation of the requirement of IRS Code Section	preement. Any overstatement of the amounts excludable as a salary reduction on 457 could result in additional taxes, interest, and penalties to the Employee.	
egard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated company, or my selection and purchase of shares of regulated investment companies. The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of the Agreement by Employee and Employer. This Agreement may be terminated by either the Employer or Employee upon thirty(30) days notice to the Company and to the Employer or Employee as applicable.	I hereby authorize my Employer to reduce or suspend any deferrals establis the maximum allowable limit in any calendar year. Should my deferral exceed and direct these amounts to be refunded to me.	hed by this agreement, if in its opinion, the total annual deferral would exceed I the maximum limit, I authorize my Employer to disallow deferral of the excess	
Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of the Agreement by Employee and Employer. This Agreement may be terminated by either the Employer or Employee upon thirty(30) days notice to the Company and to the Employer or Employee as applicable.			
Employer. This Agreement may be terminated by either the Employer or Employee upon thirty(30) days notice to the Company and to the Employer or Employee as applicable. Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in	The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.		
applicable. Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in	Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of the Agreement by Employee and Employer.		
Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in accordance with the terms of that specific contract or account.	This Agreement may be terminated by either the Employer or Employee upon thirty(30) days notice to the Company and to the Employer or Employee as applicable.		
	Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in accordance with the terms of that specific contract or account.		
Effective Date of this Agreement, 20 Blue Hills Regional Technical School, MA	Effective Date of this Agreement, 20	Blue Hills Regional Technical School, MA	
AGENT/REPRESENTATIVE NAME AGENT/REPRESENTATIVE PHONE	AGENT/REPRESENTATIVE NAME	AGENT/REPRESENTATIVE PHONE	
D		D.r.	
By:	EMPLOYEE SIGNATURE		
DATED . 20 DATED . 20	DATED . 20	DATED . 20	