

***HRSA-ILA Annuity & Savings Plan  
Deferred Salary Agreement***

**PARTICIPANT DATA (Please print)**

Participant Name \_\_\_\_\_  
first middle last

Social Security No. \_\_\_\_\_ ☐ NEW PARTICIPANT

☐ ELECTION CHANGE

Port No. \_\_\_\_\_

**VOLUNTARY CONTRIBUTION ELECTION**

**I elect to contribute the following amount per hour from my eligible compensation to my account.  
You may elect either option or split your contribution between both options**

☐ **Before-Tax Contribution \$\_\_\_\_\_ per hour**

☐ **Roth After-Tax Contribution \$\_\_\_\_\_ per hour**

**PARTICIPANT AUTHORIZATION**

I understand the following:

Contributions which exceed limits imposed by law will be returned to me, adjusted for any investment gain/loss resulting from them, and treated as taxable income in accordance with current tax law. The investments may involve financial risk. The Plan Administrator may reduce my contribution rate without prior notice in order to maintain the Plan's Internal Revenue Code qualification. My employer will reduce my compensation by the dollar amount above and send the contributions to the Plan. I understand I may revoke or change this election in writing at any time or as allowed by the plan.

**FOR NEW ENROLLEES**

**THIS FORM MUST BE COMPLETED ALONG WITH THE PARTICIPANT NEW ENROLLMENT FORM. IF NO INVESTMENT ELECTION IS MADE CONTRIBUTIONS WILL BE INVESTED INTO THE DEFAULT INVESTMENT FUND.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Please mail, email or fax to:

Email: [participant.services@hrsa-ila.com](mailto:participant.services@hrsa-ila.com)

Fax: (757) 423-1205

Participant Services

HRSA-ILA

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