

403(b) DEDUCTION CHANGE FORM

Case number: 543-80506

Central Maine Healthcare 403(b) Plan

PLEASE COMPLETE

Name _____

SS # _____

_____ CMH _____ CMMC _____ Bridgton Hosp _____ Rumford Hosp _____ CMCH

CONTRIBUTION ELECTION

_____ I want to change the amount of my pre-tax salary deferrals I am contributing to the Plan. I authorize my employer to deduct _____ per cent (%) of my salary from each paycheck and to credit that amount to the pre-tax salary deferral portion of my Account.

_____ I want to change the amount of pre-tax deferrals I am contributing to the Plan. I authorize my employer to deduct the maximum amount allowed by law. As IRS limits increase, I want my employer to increase my contribution amount. I understand this will stay in effect until revoked by me by completing a new deduction form.

_____ I wish to stop contributions to the Plan at this time.

Signed _____ Dated _____

Please return this form to HR for processing.