

# 403(b) or 401(k) WAIVER FORM

Case number: 543-80506

Central Maine Healthcare 403(b) Plan

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PLEASE COMPLETE

Name \_\_\_\_\_

SS # \_\_\_\_\_

\_\_\_\_\_ CMH      \_\_\_\_\_ CMMC      \_\_\_\_\_ Bridgton Hosp      \_\_\_\_\_ Rumford Hosp

\_\_\_\_\_ CMCH      \_\_\_\_\_ Boster Heights      \_\_\_\_\_ Rumford Comm Home

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CONTRIBUTION ELECTION

Although I am eligible to enroll in the Central Maine Healthcare 403(b) or 401(k) Plan, I choose NOT to. I understand I will not be eligible for any "employer match" unless I decide to join at a later date. If I decide to join at a future time and if I am eligible, I will begin receiving the employer match at that time. Also, withdrawals of any previous deductions submitted for my 403(b) or 401(k) will be subject to federal and state guidelines.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

*Please return this form to HR for processing.*