



The 401(k) Plan & Trust of Physicians Endoscopy, LLC  
Case Number: 588-80217

### Deferral Percentage/Dollar Amount Change Form

Participant Name \_\_\_\_\_ SSN \_\_\_\_\_

Effective Date: JAN 1   APR 1   JUL 1   OCT 1  
*(circle one)*

*New elections will become effective with the first payroll following the nearest applicable quarterly enrollment date.*

Please indicate your new salary deferral percentage or dollar amount below\*.

**Change Deferral % or Amount**

New Deferral % \_\_\_\_\_ OR New Dollar Amount \$ \_\_\_\_\_ *(per pay)*

Please indicate whether you'd like to update your catch up contribution below\*.

**Change Catch-Up Contribution**

Also deduct \$ \_\_\_\_\_ *(per pay)* towards my catch-up contribution for calendar year \_\_\_\_\_.

*\*401k % or flat dollar deferrals will be withheld from all forms of compensation including regular, overtime, bonus payments and incentives per our Plan Document. Tuition Reimbursement is excluded.*

I understand that once this form is submitted to Human Resources that I must wait until the next quarterly enrollment date to make any changes.

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

Please return the completed form to HUMAN RESOURCES.