



MONTHLY DEFINED CONTRIBUTION AGREEMENT

Group Name: _____

Type	Management	Salary	Hourly
Employee	\$ _____	\$ _____	\$ _____
Employee/Spouse	\$ _____	\$ _____	\$ _____
Employee/Child	\$ _____	\$ _____	\$ _____
Family	\$ _____	\$ _____	\$ _____

Contributions listed above must be a dollar amount NOT a percentage.

OR

Job Title Classification **Specify Below (Example: Supervisor Lineworker Office Staff)*

Type*	_____	_____	_____	_____
Employee	\$ _____	\$ _____	\$ _____	\$ _____
Employee/Spouse	\$ _____	\$ _____	\$ _____	\$ _____
Employee/Child	\$ _____	\$ _____	\$ _____	\$ _____
Family	\$ _____	\$ _____	\$ _____	\$ _____

Authorized Representative:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

All information should be submitted to:

Karen Scherrer, Premier One Administrator
Phone: 260-755-3585 ext. 102
Fax: 260-444-4212
Email: Kscherrer@pmgagency.com