# MONTHLY DEFINED CONTRIBUTION AGREEMENT

Group Name: _____ ICHRA: ◯ Yes ◯ No

| Type | Management | Salary | Hourly |
|---|---|---|---|
| Employee | $ _____ | $ _____ | $ _____ |
| Employee/Spouse | $ _____ | $ _____ | $ _____ |
| Employee/Child | $ _____ | $ _____ | $ _____ |
| Family | $ _____ | $ _____ | $ _____ |

***Contributions listed above must be a dollar amount NOT a precentage.***

**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**