

# Retirement Plan Decline Enrollment Form

TO DECLINE ENROLLMENT IN THE PLAN, COMPLETE THIS FORM AND RETURN IT TO YOUR PLAN ADMINISTRATOR.

Social Security #: [ ] - [ ] - [ ]

Employee Name: [ ]  
Last, First, Middle

Address: [ ]  
Street  
[ ] Apt. # / PO Box #  
[ ] City [ ] State [ ] Zip Code - [ ]

I decline enrollment and have made no contribution elections.

[ ]  
Signature of Employee

[ ]  
Date

Do not send to ADP