

CENTER LINE PUBLIC SCHOOLS
Payroll Department
26400 Arsenal
Center Line, MI 48015

EMPLOYEE ELECTED DEFERRED COMPENSATION PLANS
HOLD HARMLESS AGREEMENT

My participation in the Employee Elected Deferred Compensation Plans processed through Center Line Public Schools is subject to the following:

I acknowledge that Center Line Public Schools has made no representation as to the value of the 457 or 403 (B) Plan that I have chosen. I further acknowledge that Center Line Public Schools has agreed only to make the necessary payroll adjustments to effectuate the Plan.

I agree to hold Center Line Public Schools and/or its employees harmless and free from any and all liability in connection with the 403(B) or 457 Plan.

I do hereby acknowledge that a Deferred Compensation 457 or 403(B) will be purchased for me from _____ (Carrier) pursuant to the terms of a salary reduction agreement.

I hereby acknowledge and agree that I shall provide to the Carrier all information necessary to establish and properly administer the Employee Elected Deferred Compensation Plan in accordance with all applicable laws.

I further authorize Center Line Public Schools to release whatever payroll information necessary to the Carrier indicated above.

I acknowledge and agree that the acquisition of the deferred compensation plans on my behalf shall be in accordance with IRS Rules and Regulations, State and Federal laws, and shall be subject to the rules, regulations, and procedures established by Center Line Public Schools.

DATED THIS _____ DAY OF _____ 20_____.

X _____
(Signature of Employee)

Address of Employee:

