

**403(b) Plan
Non – Participation
Form**



**SAMUEL MERRITT
UNIVERSITY**

Name :(Last, First, Middle) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

SSN: _____ **Work Location / Dept:** _____

Date of Birth: _____ **Date of Hire:** _____

No, I do not wish to participate in 403(b) Plan at this time.

Sign here: _____ **Date:** _____