



**SALARY REDIRECTION AGREEMENT
YUBA COMMUNITY COLLEGE DISTRICT
2009-2010 FISCAL YEAR**

**VOLUNTARY MEDICAL BENEFITS PREMIUM CONTRIBUTION
Management Employee**

NAME: _____ COLLEAGUE ID: _____

ADDRESS: _____

SSN: _____ WORK PHONE: (____) _____

E-MAIL ADDRESS: _____

I understand that my monthly salary will be reduced by \$_____ beginning January 1, 2010, and terminating June 30, 2010.

I am enrolling in a Voluntary Medical Benefits Premium Contribution offered by YCCD. Separately, I have signed the Option 2-Voluntary Medical Benefits Premium Contribution Form, and understand that my voluntary contribution will be deducted from my YCCD monthly pay. Unless this agreement is amended or terminated, these deductions will be continuous for each payroll period throughout remainder of the 2009-2010 fiscal year.

In the event of a proposed increase in the contribution, I do not authorize a corresponding change in the amount deducted from my salary without signing a new Salary Redirection Agreement.

Pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased. I elect the pre-tax contribution. _____

I certify that the features and benefits under this plan have been explained to me. By initialing, I acknowledge I understand the information regarding participation and agree to be bound by those requirements and any other requirements of the pre-tax Voluntary Medical Benefits Premium Contribution. _____

I elect to waive all pre-tax benefits associated with this contribution. _____

EMPLOYEE SIGNATURE: _____ DATE: _____

IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE VOLUNTARY MEDICAL BENEFITS CONTRIBUTION - I understand and agree to the following: Request to cancel participation will only be granted in cases of a financial hardship and must be approved by the Vice Chancellor Administrative Services.

- Yuba Community College District, Human Resources, 2088 North Beale Road, Marysville, CA 95901
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