

**Election to Decline Automatic Participation in  
the 403(b) retirement plan**

Effective January 1, 2009, upon becoming a new or rehired employee, you will automatically be enrolled in the 403(b) or 401(k) retirement plan approximately six (6) weeks after your first pay date, thereby contributing 2% of your pre-tax pay to the plan. You have the right to decline automatic enrollment by completing the election form below and returning it to your Lincoln Retirement Consultant in Phipps Room #493 prior to the administrative cut off date indicated in the automatic enrollment notification letter you received. Your withdrawal election will be effective as of the first pay period that is administratively practicable following its receipt. If you do not return this form prior to the administrative cut off date for such pay period, you will automatically be enrolled in the 403(b) or 401(k) retirement plan for purposes of making pre-tax contributions until you subsequently elect to discontinue making pre-tax contributions. Such election would be effective as soon as administratively practicable following the date upon which you request the discontinuance.

Complete the following **only** if you elect **not** to participate in the 403(b) or 401(k) retirement plan.

By marking this box, I elect not to participate in the 403(b) or 401(k) retirement plan.

By marking this box, I am requesting that any automatic enrollment contributions that have been made to my account be withdrawn and returned to me via payroll. I understand I may exercise this permissive withdrawal request within 90 days from the date of the first automatic enrollment contribution deposit to my account.

**Please designate your employer:**

- Johns Hopkins Health System 403(b) Plan
- District 1199E The Johns Hopkins Hospital 403(b) Plan
- The Johns Hopkins Bayview Medical Center, Inc. Represented Employees 403(b) Plan
- The Johns Hopkins Home Care Group 403(b) Plan
- The Johns Hopkins Medical Management Corporation 401(k) Plan

I understand that if I later wish to enroll in the 403(b) retirement plan, or change my contribution rate, I can do so by phone or web, or by contacting our Lincoln Retirement Consultant.

\_\_\_\_\_

**Signature**

SS# \_\_\_\_\_

\_\_\_\_\_

**Print Your Name**

**Date:** \_\_\_\_\_