Municipality of Monroeville
Monroeville, PA 15146

457 Deferral Form

Participant Information:

Participant Name: [   ]   Social Security Number [   ]

Date of Hire: [   ]   Date of Birth: [   ]

Deferral Election (please select one)

[   ] This is my initial enrollment

[   ] This is a change from my previous selection

[   ] I authorize the Municipality of Monroeville to withhold from my wages each pay period:

Pretax contribution of: [%   ]

OR

[$]

[   ] I do not wish to enroll at this time

_____   _____

Signature   Date