Indiana State University
Auto Enroll Opt Out of Participation

To Opt Out Completely:

_____ Effective _____, I elect to stop my salary deferral contributions under the auto enroll provision of the Indiana State University Plan. I understand that no further salary deferral contributions will be made unless and until I sign a new Salary Deferral agreement.

I understand that I can elect to start contributing again to the Plan at any time by signing a new Salary Deferral Agreement.

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