



Molecular Epidemiology, Inc. (MEI) 401(k) Plan*
ENROLLMENT/CHANGE OF DEFERRAL ELECTION/DECLINE TO ENROLL

I, _____, hereby acknowledge and understand that as a Participant in MEI's 401(k) Plan, I may reduce my salary up to a maximum amount permitted by law or up to the limit set by the Plan.

I further understand that any amounts I defer hereunder shall be deducted from my paycheck by my employer and deposited into my account under the Plan by the Plan's Trustees. Salary Deferral elections may be changed at any time.

Please select one of the following options:

New Enrollment (we need the following info for new enrollment only):

I hereby authorize my Employer to deduct the amount listed below from my paychecks \$_____ or _____% per pay period.

Traditional pre-tax Contributions or Roth Contributions (post Tax)

Social Security Number: _____

Address: _____

Date of Birth: _____

Date of Hire: _____

Change of Deferral Elections:

I hereby authorize my Employer to change the amount it deducts from my compensation from _____% to _____% or \$_____ to \$_____ per pay period

Traditional pre-tax Contributions or Roth Contributions (post Tax)

I hereby withdraw my authorization to continue payroll deductions under the Plan.

Decline to Enroll:

I have been offered enrollment in the Plan but am declining to participate. I can change this election at any time by completing a new form.

I understand that this election will be implemented as soon as administratively feasible, but no later than 30 days from its receipt by my Employer.

I hereby acknowledge receipt of the Summary Plan Description, Disclosure and Comparative Chart and Annual Participant QDIA Notice.

Participant's Signature

Date

*Includes Participating Employers