

FBMC

Fringe Benefits Management Company

Tax Sheltered Annuity (TSA) Administrative Services

CASH MATCH AGREEMENT

Commonwealth of Virginia Department of Accounts

Please use this form to direct your Virginia Cash Match employer contribution to the participating provider company of your choice. Upon completion, return this form to your Payroll Administrator.

Date: _____

New Enrollment Cash Match

Designate or Change Cash Match Providers

Provider Company _____ Effective Pay Date _____

Former Provider Company (if Applicable) _____

Participant Information Agency # _____ Agency Name _____

First Name	MI	Last Name	Social Security #
Home Address		City	State Zip
Birth Date	Hire Date	Home Phone	Work Phone

Employee Signature (if required) _____ Date _____

Agency Certification I certify the employee meets all Cash Match eligibility requirements effective (date) _____

Agency Payroll/Benefits Representative Signature _____

FBMC Representative _____ Title _____ Date _____