

**The Rehab Continuum 401(k) Retirement Savings Plan
Salary Deferral Agreement**

Section 1. Participant Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____ Social Security # _____

Section 2. Election Not to Defer

- I do not wish to contribute to the Plan at this time. However, I understand that I can elect to contribute to the Plan in the future, and that any such future election can only be made at such time or times as permitted under the Plan's policy governing salary reduction elections.

Section 3. Election to Defer

- I elect to contribute \$ _____ to the Plan each pay period.
- I elect to contribute _____% of my compensation (including bonuses) to the Plan each pay period.

Note: If you have not attained age 50, your Salary Deferral Contributions for any calendar year can't exceed the lesser of 100% of your Compensation or the dollar limit on Salary Deferral Contributions (which is announced annually by the IRS and is currently \$17,500). For any calendar year in which you have attained (or will attain) at least age 50 by the end of that year, your Elective Deferrals for the calendar year can't exceed the lesser of 100% of your Compensation or \$23,000 (or such higher limit as announced annually by the IRS).

I understand (1) that I can change my election from time to time as permitted under the Plan's salary reduction policy; (2) that I can suspend or cancel my election upon reasonable written notice to the Administrator; (3) that if I do cancel or suspend my election, I can make a new election at such times as permitted under the Plan's policy governing salary reduction elections; and (4) that it may be necessary for the Plan to reduce the percentage or dollar amount I have indicated above if necessary for the Plan to comply with certain non-discrimination and/or maximum deduction tests required by the Internal Revenue Code.

Section 4. Participant's Signature

Signature _____

Date _____