

FBMC

Premier Benefits Solutions
P.O. Box 1878 Tallahassee, FL 32303-1878

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

Provider Company: _____

Effective with Check Date: _____

--- or ---

Change of Provider

Old Provider: _____

New Provider: _____

Participant Information

Agency#: _____ Agency Name: _____

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

Participant Signature: _____ Date: _____

Employer Representative: _____ Title: _____

Date: _____