

CITY OF ST. ALBANS PENSION PLAN

REFUSAL TO PARTICIPATE

EMPLOYEE:

As of this date, I understand that I am eligible to participate in the City of St. Albans Pension Plan. However, I elect not to participate and understand that as a result of my refusal, I will not accumulate any benefits, or credited service for pension purposes.

I also understand that if I elect to participate in the plan at some later date I will receive no benefits or service credit prior to the date I elect to become a participant.

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Signature of Participant

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Signature of Employer