

# FBMC

*proven benefit 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

If changing Provider Company, indicate former Provider Company: \_\_\_\_\_

#### Participant Information

Agency: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

FBMC Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

DOA 1/00 Date/Time \_\_\_\_\_