# Salary Redirection Agreement (SRA)

## Authorization for Sangamon County Payroll Deduction

Employee Name: _____

Date of Birth: _____ Date Hired: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

**THERE IS CURRENTLY A WAITLIST FOR PARKING**

Please fill out information below and we will reach out when a spot becomes available

I hereby authorize Sangamon County, to deduct $9.23 per pay from my paycheck for parking in the Sangamon County employee parking lot.

Vehicle: (make/model) _____

Color: _____

Year: _____

License Plate #: _____

## Agreement to Save Taxes on Insurance Premiums and Parking

☐ Yes On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). I understand that my share of the premiums for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.

☐ No I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

The following will be filled out by HR:

Effective Date: _____
Space #: _____
Horace Mann ☐
Sangamon South ☐

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