

Deferral Percentage/Dollar Amount Change Form
Delaware Cardiovascular Associates Profit Sharing Plan
(Modifications permitted on 1/1, 4/1, 7/1, 10/1)

Participant Name _____ SS# _____

Please indicate your new salary deferral percentage/dollar amount below. This new election will become effective with the first full payroll following the nearest applicable modification date. Your new election must be a whole percentage or dollar amount:

New Salary Deferral % _____

Or

New Salary Dollar \$ _____

I understand that once this form is submitted to payroll that I must wait until the next modification date to make any changes:

Participant Signature _____ Date _____

DEADLINES FOR SUBMITTALS:

Effective Date	Deadline
First Payroll of	for form submittal
2008, First Qtr:	12 N, Fri, Dec 14, 2007
2008, Second Qtr:	12 N, Fri, Mar 14, 2008
2008, Third Qtr:	12 N, Fri, June 13, 2008
2008, Fourth Qtr:	12 N, Fri, Sep 29, 2008
2009, First Qtr:	12 N, Fri, Dec 19, 2008

**RETURN THIS FORM TO ADMINISTRATION OFFICE BY INTEROFFICE
MAIL OR VIA FAX TO 302-661-1001 BY THE DEADLINE MENTIONED
ABOVE. THANKS.**