

START SAVING PROGRAM EMPLOYER PAYROLL DEDUCTION PARTICIPATION AGREEMENT

WHEREAS, the employer/institution named below (hereinafter the "Employer") wishes to provide its employees with the opportunity to contribute to START Education Savings Accounts administered by the Louisiana Tuition Trust Authority (hereinafter the "Authority") through automatic payroll deduction; and

WHEREAS, the Employer agrees to the terms, conditions and procedures established by the Authority and enumerated below:

1. The Employer agrees to sign and return a copy of this START Employer Payroll Deduction Participation Agreement at least ten (10) business days prior to beginning deductions. The Employer agrees that the Agreement is intended to protect the rights and interests of both parties and to insure the reliable continuity of payroll deduction services for the employee.
2. The Employer agrees that only employees who are owners of START Education Savings Accounts may participate in payroll deduction pursuant to this agreement.
3. The Employer agrees to withhold monies from an employee's payroll check only after receiving a completed and approved Payroll Deduction Authorization form from the START program office.
4. The Employer agrees to transmit funds to the Authority by either: (choose one)
 - ☒ submitting a check made payable to "START" by messenger or by United States Mail to the address set forth below, or
 - ☐ transmit funds electronically pursuant to a valid and executed Electronically Transmitted Funds Agreement.
5. The Employer further agrees to transmit to the Authority a report in the format indicated below which contains:
 - employee names
 - total amount deducted for each employee
 - employee START account ID number (social security number plus two digit identifier)

FIELD	LENGTH	TYPE	EXAMPLE
Employee START Account ID #	11	Numeric	90212098301
Dollar Amount	7	Numeric	\$123.00 should be 0012300 -\$132.00 should be 0013200
Employee Last Name	20	Character	Doe

6. The Employer agrees to transmit the information required by Paragraph 5 either by:
(choose one)

☐ File Transfer Protocol (FTP) through the Internet via Lanet at www.OSFA.state.la.us, or
☒ mailing to the address set forth below a ASCII file on diskette or a manual report

Check payments, diskettes or manual reports should be mailed to:

**START
P.O. Box 91271
Baton Rouge, LA 70821-9271**

7. Employer agrees that remittance of deductions to the Authority shall take place (choose one)

☐ semi-monthly (twice monthly) in whole dollar amounts with a minimum deduction of
\$10.00 per month per employee, or

☒ monthly in whole dollar amounts with a minimum deduction of \$10 per month per
employee.

8. Employer agrees that no change in the amount of the payroll deduction shall be made
without the completion of a new Payroll Deduction Authorization form by the
employee.

THEREFORE, In consideration of the commitments evidenced by the signatures hereto, the Authority does hereby
grant the Employer participation in payroll deduction for contributions to START Education Savings
Accounts.

FOR THE EMPLOYER

Employer Name

Federal Tax Identification Number

Address

Authorized Signature

City

State

Zip

Parish President
Title

6/18/02
Date

Contact Person

Title

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Telephone

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Fax

FOR THE LOUISIANA TUITION TRUST AUTHORITY

Jack L. Quinn

Executive Director
Authorized Signature for the Authority

Date: April 1, 2002