



**403(b) RETIREMENT PLAN
SALARY REDUCTION AGREEMENT**

Name: _____ Phone: _____

Social Security No. _____ Date of Birth: _____

Location/Program: _____

Please check the appropriate category:

New Enrollee Change Company Change Deduction Stop Deduction

Effective Date: _____

Are you currently contributing to or have you made contributions this year to another 403(b) or 401(k) program?

Yes, I have No, I have not

THE OVERALL IRS LIMITS ARE AS FOLLOWS:

<i>2021 Maximum Contributions</i>	Under 50 years of age	\$19,500.
	50 years of age or older (on 12/31/2021)	\$6,500.

403(b) **PRE-TAX** Contribution: PER PAY PERIOD: \$ _____ or _____ %

403(b) **ROTH** (After-Tax) Contribution: PER PAY PERIOD: \$ _____ or _____ %

403(b) Catch-up **PRE-TAX** Contribution: PER PAY PERIOD: \$ _____ or _____ %
(50 years of age or over only)

This agreement is legally binding and irrevocable with respect to the amounts earned while it is in effect; except that the Employer may reduce the amount of the salary reduction if it determined that such amounts exceeds the limitations of Internal Revenue Code Sections 402(a), 403(b), and/or 415. If in any calendar year the amount of the salary reduction is reduced or stopped by the Employer as per the previous sentence, then the amount of the salary reduction shall be resumed at its unreduced level at the beginning of the following calendar year. This Agreement shall continue in effect until terminated. Either the Employee or the Employer may terminate this Agreement at any time, for any reason, with respects to amounts not yet earned by the Employee.

Date

Care Member Signature