

**CENTRAL MICHIGAN UNIVERSITY 403(b) SUPPLEMENTAL TAX DEFERRAL PLAN**

**403(b) VOLUNTARY SALARY REDUCTION AGREEMENT**

Name: \_\_\_\_\_ Campus ID# \_\_\_\_\_ Employee Group: \_\_\_\_\_

This is an Agreement for electing voluntary salary reduction contributions under the above Plan. A copy of the Plan is available at [http://cmich.edu/Documents/HR/Benefits/403b\\_plan\\_doc.pdf](http://cmich.edu/Documents/HR/Benefits/403b_plan_doc.pdf). This Agreement is accompanied by a separate "Explanation of Contribution Limits" that should be fully read and understood before completing and entering into this Agreement.

By this Agreement, Central Michigan University ("University") and the employee named above ("Employee") agree as follows:

Effective with respect to amounts to be paid or otherwise made available on or after the pay date indicated below, the Employee's salary will be reduced by the percent specified below and a corresponding contribution will be made to the Plan for the Employee. This Agreement is legally binding and irrevocable with respect to amounts to be paid or otherwise made available while this Agreement is in effect. Either party may modify or terminate this Agreement at any time with respect to amounts subsequently to be paid or otherwise made available.

**Pay date when my election on this form is effective (check one):**

\_\_\_\_\_ Next available\* pay date                      **OR**                      \_\_\_\_\_ Future pay date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*will occur as early as the next pay period available for processing*

**Percent of pay to be deducted per paycheck:**

Percent of pay to send to **TIAA-CREF**: \_\_\_\_\_%\* of pay                      Percent of pay to send to **Fidelity**: \_\_\_\_\_%\* of pay

*\*must be to nearest quarter percent (e.g., 3.00%, 3.50%, 5.25%)*

**This is a(n) (choose all that apply):**

First-Time Agreement\*                       Change of Vendors

**Increase** to a prior deduction (including restart a deduction)                       **Decrease** to a prior deduction                       **Cancellation** of deductions

*\*A vendor application must accompany this form when establishing an account for the first time*

**This Agreement supersedes all prior 403(b) voluntary salary deferral agreements.** You are subject to a limit on your individual contributions and on the aggregate contributions by you and your employers even if the contributions come from two different employers. Please read the more detailed explanation of these limits and your responsibilities entitled "Explanation of Contribution Limits." Employees are encouraged to consult with a tax advisor to make certain contributions are within the allowable limits. The University will monitor your contributions from University funds for compliance with legal maximums. Unless disclosed by you, the University cannot monitor your contributions through other employers and has no responsibility for the consequences of those contributions.

I understand that a copy of this Agreement is provided to any vendor designated above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
CMU Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For Benefits Use Only:

Campus ID#	Payroll cycle:	App on file:	Wage Type:	Entered:
Max:	Age 50:	Total Max:	Max already in SAP?	Date: