Heritage University
Office of Human Resources

ID #: _____

Agreement for Salary Reduction Under Section 403(b)

BY THIS AGREEMENT, made between _____(the Employee) and Heritage University (The "Institution"), we agree as follows:

Effective for amount paid on or after _____ (month and day), _____ (year), which date is subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount indicated below. At the same time, the Institution will contribute a corresponding amount to the Employee's annuity contracts which the Employee will allocate among the funding vehicles approved by the Institution.

This Agreement shall be legally binding and irrevocable for both the Institution and the Employee while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month (or pay period, if applicable) by giving at least thirty days written notice so that this Agreement will not apply to salary subsequently paid.

The amount of the salary reduction[1] shall be:

☐ **Retirement Annuity DC Plan #337300 ***

- ☐ _____% of gross salary per pay period

OR

- ☐ $_____ per pay period

☐ **Group Supplemental Retirement Annuity TDA #337301**

- ☐ _____% of gross salary per pay period

OR

- ☐ $_____ per pay period

* contribution of 2% for HU maximum match (*full-time employees)

This amount will produce a total Institution contribution that does not exceed the Employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less. For employees age 50 or over, this amount will include any additional catch up contribution permitted under IRC Section 414(v). Maximum deferral is $18,500 and catch-up max is $6,000 for 2018 calendar year.

OPT OUT

☐ I understand my employer offers a 403(b) retirement plan as a benefit of employment. I decline to participate in the retirement program at this time. As of this date, _____, I opt out of withholding a salary deduction for the 403(b) retirement plan.
I also understand, at anytime, I may change my decision to contribute to the retirement plan by filling out the necessary plan account information and salary reduction form; and that I am still eligible for the employer contribution, after my year of eligibility.

_____ Signed this _____ (date) day of _____ (month), _____ (year).
(Employee Signature)

Witnessed By _____
(HR/Payroll Representative)

[1] This amount should be reviewed with the Payroll Office prior to the execution of this Agreement.

OFFICE OF HR:
#337300: ____ Date: _____ #337301: ____ Date: _____