Tax-Sheltered Annuity 403(b)
Salary Reduction Agreement

**IMPORTANT! Before completing this form, be sure to read the Schoolcraft College 403(b) Program Summary. Your account must be set up with an approved Tax-Sheltered Annuity (TSA) carrier before salary reductions can begin.**

☐ NEW: Complete steps 1, 2 & 3. Allow at least two weeks before your first TSA contribution. Your contribution is in effect when the deduction appears on your Pay Advice. *Please see important note above.

☐ CHANGE: Complete steps 1, 2 & 3 when changing your carrier or the allocation between carriers.

☐ TERMINATE: Complete step 3. Termination of your TSA contributions should take effect within two weeks.

**Step 1: Select type of Tax-Sheltered Annuity contribution.**

By this Agreement, made between the above employee and Schoolcraft College (the employer), the Parties agree as of the payroll period ending ____________________, Schoolcraft College shall:

- Reduce employee’s salary each pay period by $______________.
- or
- Reduce employee’s salary each pay period by ______________%.
- or
- Reduce employee’s salary each pay period by $______________ for ______ pays.

Schoolcraft College will forward the amount of elected contribution to the TSA carrier designated by employee in step 2.

**This Agreement shall automatically be renewed each year thereafter, unless: 1) the employee completes a new Salary Reduction Agreement either terminating or changing the amount of salary reduction; or, 2) the employee elects to contribute the maximum annual limit as defined by the Internal Revenue Service, in which case a new form must be completed each year for renewal of agreement.**

**Note: An employee may complete only two Salary Reduction Agreement forms per calendar year.**

**Step 2: Enter Tax-Sheltered Annuity Carrier(s). The total must equal the Salary Reduction Agreement amount in step 1.**

<table>
<thead>
<tr>
<th>Tax-Sheltered Annuity Carrier Name</th>
<th>Amount $______________</th>
</tr>
</thead>
<tbody>
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<td>Tax-Sheltered Annuity Carrier Name</td>
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</tr>
</tbody>
</table>

**Step 3: Sign below and send to the Payroll Office, located in the Jeffress Center (yellow entrance), 4th Floor, Office #403.**

I understand that I (the employee) am responsible for determining that the salary reduction elected in step 1 does not exceed the annual contribution limit as defined by the Internal Revenue Service. If the limit is exceeded, the excess contribution will be considered taxable income.

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
<th>Work Phone</th>
<th>Home Phone</th>
</tr>
</thead>
</table>

Tax-Sheltered Annuity 403b Form.doc (Rev. 11/2019)