

1300 Seibert Administration Building, Mail Stop 5217 Phone (269) 387-3620 Fax (269) 387-3441

Salary Reduction Agreement

Last Name		First Name		MI	E	Employee ID Number	
Address (Number, Street)						Pay periods per year 26□ 24 □ 22□ 18□	
City		State	Zip	Zip Code		Biweekly ☐ Semimonthly ☐	
Email Address		New Enrollmen		ent Yes No		Phone Number	
Salary Deferral Elections: Indicate plan election(s) and either a dollar amount or a percentage contribution per pay period.							
TIAA 403(b)	Check the applicable box(es)	•	Indicate	dicate the dollar amount or percentage per pay period OR %		0/	
	☐ Post-tax (Roth)	- \$			OR		%
457(b)	□ Pre-tax	•			OR		- %
	☐ Post-tax (Roth)	- \$					
Important notice if first time election at WMU: You need to open an account at TIAA (tiaa.org/wmich). By signing this agreement, you are confirming that you have completed the online enrollment process. Note: This agreement supersedes all prior voluntary salary reduction agreements. The total salary reduction amount cannot exceed 75% of compensation, subject to prior payroll deductions. Individual contributions are subject to the IRS 402(g) limit and to aggregate contributions by the employee and employer(s), the 415 limit. If the limit is reached during the calendar year, contributions will automatically cease and completion of a new salary reduction agreement is required in order to resume contributions. Employees are encouraged to consult with a tax advisor to ensure that contributions are within allowable limits. The University will monitor contributions from University funds for compliance with legal maximums and may lower or cancel contributions to keep them within allowable limits. The University cannot monitor contributions through other employers and has no responsibility for the consequences of those contributions. I understand that this agreement affects contributions from my paychecks on dates after it is received by Western Michigan University and that contributions will not be retroactive. I understand that my salary reduction will begin with the first pay period following receipt of this agreement by WMU, unless I specify a later date. For new hires, the salary reduction will begin with a full pay period. I also understand that this agreement will remain in effect until I complete a new agreement or until I reach the plan limit on contributions. I further understand that this agreement is legally binding while my employment continues but that either party may terminate or otherwise modify it at any time. I understand that I am solely responsible for the gains and losses resulting from my investment elections. Signature of Participant							
Upon completion of this form, please make a copy for your records and fax, email, deliver or mail your SRA to: Western Michigan University Human Resources Email: hr-hris@wmich.edu Fax: (269) 387-3441							
Western Michigan University Human Resources 1903 W Michigan Ave. Kalamazoo, MI 49008-5217 Phone: (269) 387-3620							
For HR Internal Use Only							
403(b) Limit						Semimonthly \square	
Record No	Pay period begin date		Entered b	у		Date	