

## Salary Reduction Agreement

By THIS AGREEMENT, made between \_\_\_\_\_  
an employee at (name of campus) \_\_\_\_\_  
and the State University of New York (employer), the parties hereto agree as follows:

Effective with respect to amounts paid on or after \_\_\_\_\_ which date is subsequent to the execution of this agreement, or as soon as possible thereafter, the employee's salary will be reduced by the amount indicated below. The employer will contribute that amount to the employee's account with

- TIAA-CREF
- Fidelity (limited to employees designated M/C or represented by UUP)
- ING Common Remitter (for employees represented by UUP only)
  - ING
  - Met Life
  - AIG VALIC

\_\_\_\_\_  
(Name of Agent)

\_\_\_\_\_  
(Phone Number)

The amount of the salary reduction will be \$ \_\_\_\_\_ per pay period or \$ \_\_\_\_\_ per year. This amount, together with any amounts previously contributed this year if the election is on a per payroll period basis, must produce a total contribution that does not exceed the limitations of Internal Revenue Code Section 415 or Section 402(g), whichever is least. The responsibility for ensuring that the salary reduction amount listed above, as well as any other salary reductions with the same or another employer, does not exceed the maximum exclusion allowance defined in the Internal Revenue Code rests with the employee.

This Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues. However, either party may terminate or modify this agreement as of the end of any payroll period by giving at least 30 days written notice, so that this agreement will not apply to salary subsequently paid.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Office Use Only

Plan Type (check box):  TDA (405)  SRA (404)  UUP (415) Fidelity (408)

Annual Contribution: \_\_\_\_\_

Date Deductions Begin: \_\_\_\_\_