



Department of Human Resources  
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## 403(b) SALARY REDUCTION AGREEMENT

*Print in ink or type all entries except signatures. Incomplete forms will be returned. Forms must be returned to ULM Human Resources for approval.*

### Employee Information:

Employee Name:				CWID:
Address:	City:	State:	Zip:	Phone:

☐

New Participant

☐

Replace Existing Agreement

☐

Cancel Salary Reduction

### Carrier Designation:

☐

Voya Financial

☐

Teachers Insurance and Annuity Association (TIAA)

☐

Corebridge Financial (formerly VALIC/AIG)

### Contribution type:

☐

Pre-tax

☐

Roth

### Contributions:

I wish my contributions to begin on the:	<input type="checkbox"/> 1 <sup>st</sup> Paycheck <input type="checkbox"/> 2 <sup>nd</sup> Paycheck	Month: _____ Year: _____
Each pay period I wish to contribute, \$ _____ per pay period for: <small>(See IRS rules and regulations for maximum yearly contribution rates)</small>	<input type="checkbox"/> 24 pay periods (12M EE) totaling: _____ <input type="checkbox"/> 18/19 pay periods (9M EE) totaling: _____	

\*\*\*I understand my deferral election will remain in effect until I separate from State service, change or suspend my deferral amount by completing a new Salary Reduction Agreement, the maximum annual limit is reached, or my deferrals are suspended following a hardship withdrawal under the Plan

### Leave Rollover:

I wish to roll-over my annual and sick leave payout:	<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Sick Leave
<b>FOR AGENCY USE</b>	Annual Leave Balance _____ X (Rate) _____ = (Payout) _____	
<u>Leave Balances:</u>	Sick Leave Balance _____ X (Rate) _____ = (Payout) _____	

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Annuity Representative (required for new enrollment/change in carrier)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date

#TAKEFLIGHT