

SALARY REDUCTION AGREEMENT FOR 403(b) TAX SHELTERED ANNUITIES (TSA)

CHEMEKETA COMMUNITY COLLEGE

"CHEMEKETA COMMUNITY COLLEGE"

Implementation: This Salary Reduction Agreement (the 'Agreement') supersedes any previous Salary Reduction Agreement for the person named below (the "Employee") under the Tax Sheltered Annuity Program (the "Program") offered by Chemeketa Community College (the "Employer"), also known as Chemeketa Community College. The salary reduction specified in this agreement will begin with the first paycheck on or after the "Effective Begin Date" specified below, provided this form is received by the Employer before the Payroll cutoff date for that paycheck. This Agreement will remain effective until a new Agreement is submitted.

Employee's Details:

Name:	Employee Telephone:
Address:	Employee Email:
City/State/Zip:	Employee ID Number:

Effective Date (Note - All salary reduction agreements shall be received by college payroll by the payroll input due date, usually the 15th of each month.)

Begin:

Agreement Type:

<input type="checkbox"/> Replace/Override a Previous Salary Reduction Agreement
<input type="checkbox"/> Start/Initiate a Very First (new) Salary Reduction Agreement
<input type="checkbox"/> Cancel/Discontinue an Existing Salary Reduction Agreement

Paycheck Reductions - Distribution Among Vendors (Chemeketa Community College limits selections to 3 Vendors):

If any of the Vendors listed below is new, you must attach documentation of an established Vendor account.

Vendor Name:	Traditional \$

Sign the Form:

<p>EMPLOYEE CERTIFICATION AND SIGNATURE</p> <p>I certify that I have read this complete agreement, including the terms below, and understand my responsibilities as an Employee under this program. I request that the Employer take the actions specified in this agreement. I understand that all rights under the annuities or custodial accounts established by me under this TSA Program are enforceable solely by my beneficiaries, my authorized representative, or me.</p> <p>_____ Employee Signature and Date</p>	<p>EMPLOYER CERTIFICATION AND SIGNATURE</p> <p>The Employer certifies that it will reduce Employee's salary and remit appropriate amounts to Employer Vendors as specified herein. It is understood that all rights under the annuities and custodial accounts established by Employee under this TSA Program are enforceable solely by Employee, Employee's beneficiaries, or Employee's authorized representative.</p> <p>_____ Employer Signature and Date</p>
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Submit Form To:

Chemeketa Community College - Payroll Office - 4000 Lancaster Drive NE - P.O. Box 14007 - Salem, OR 97309-7070
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Agent Name and Telephone Number (If Applicable):

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This Agreement is Continued on Page 2 (Page 2 is part of this Agreement).

