

LOYOLA UNIVERSITY MARYLAND
403(b) SALARY REDUCTION AGREEMENT
“SRA”

BY THIS AGREEMENT, made between _____ (Employee) and Loyola University Maryland (Employer), the parties hereto agree as follows. This Agreement applies to eligible compensation earned after the date this form is signed. Eligible compensation to be paid by the Employer to the employee shall be reduced according to this Agreement.

Upon meeting the below eligibility requirements, new employees are automatically enrolled in the Plan to do a 2% contribution, but may change that default enrollment with this form. If you do not want to contribute at least 2%, but want to contribute a smaller amount, use the third box below to acknowledge that you will not receive the University matching contribution and to indicate what amount you would like to contribute.

SALARY REDUCTION ELECTION

You must indicate the pre-tax election(s) below by checking the appropriate boxes. The amounts elected in this section will be reduced on a pre-tax basis from your eligible compensation each pay check.

☐ Required Contributions for Eligible Participant: Based on the following criteria, I am eligible for the University's matching contribution of my eligible compensation. I will make a pre-tax employee contribution of two percent (2%) of my eligible compensation.

1. I am an eligible faculty, administrator or staff member, and
2. I attained age twenty-one (21), and
3. I completed one (1) year of eligible service.

☐ Additional Contributions: I want to make an additional pre-tax employee contribution, above my required 2% contribution. The amount of my additional contribution from my eligible compensation will be (*select one option*):

\$_____ Per Pay Check

_____ % of Each Pay Check

NOTE: All employee contributions must not exceed the limitation under IRC Section 415 or Section 402(g), whichever is less during a Calendar Year. The Limits are set by the IRS. You may contact the human resources office for the limit amount. Contributions in excess of the "maximum exclusion allowance" may affect personal income tax liability. The University reserves the right to adjust and/or discontinue reductions to comply with various IRS contribution limitations.

☐ I am not eligible to receive the University's matching contribution; however I would like to contribute the following pre-tax contribution (*select one option*):

\$_____ Per Pay Check

_____ % of Pay Check

NOTE: This amount of salary reduction contribution, cannot exceed the limitation under IRC Section 415 or Section 402(g), whichever is less during a Calendar Year. The Limits are set each Calendar Year by the IRS. Contact the human resources office for the limit amount. Contributions in excess of the "maximum exclusion allowance" may affect personal income tax liability. The University reserves the right to adjust and/or discontinue reductions to comply with various IRS contribution limitations.

CATCH-UP CONTRIBUTIONS

Additional Catch-up Contribution for Employees Age 50 and Over

I am age 50 or over and I elect to make an additional salary reduction "catch-up" contribution. The amount of my additional contribution from my eligible compensation will be (*select one option*):

\$_____ Per Pay Check

_____ % of Pay Check

Additional Catch-Up Contribution for Employees with 15 Years or More of Employment

____ I have worked at Loyola University Maryland for 15 years or more. As required, I have contacted TIAA-CREF at 800 842-2776 and requested a calculation to reflect that I qualify to contribute up to an additional \$3,000 per year (lifetime maximum \$15,000).

EFFECTIVE DATE

This Agreement will begin on _____ or the pay date on _____. **DISCLAIMER:** Notwithstanding the preceding sentence, if this Agreement is received by Human Resources at a time when it is not possible to process a change due to payroll system limitations, the Agreement to reduce salary will not be implemented at the date indicated, but will be implemented for the next payroll cycle.

This Agreement will remain in effect until:

- (a) termination of employment,
- (b) loss of eligible employment status,
- (c) the effective date of any revocation, or modification of the agreement, or
- (d) Opt Out (complete the Opt Out Form).

PARTICIPATION IN ANOTHER RETIREMENT PLAN

Check the appropriate box regarding participation in another plan:

- ☐ I am or have participated in another 403(b) or 401(k) plan in this Calendar Year. I understand it is my responsibility to provide both employee and employer contribution information to Human Resources so that appropriate contribution limitations can be properly monitored.
- ☐ I currently do not participate in another 403(b) or 401(k) retirement plan.

Employee Signature

Social Security Number

Date

Human Resources Representative

Date

For Human Resources Use

Date Received: _____
Effective Date: _____
Beginning Pay Date: _____

Comments: