



Please make a copy for your records

SALARY REDUCTION AGREEMENT FOR VOLUNTARY RETIREMENT PLAN CONTRIBUTIONS

BY THIS AGREEMENT made between _____ and the Rosalind Franklin University of Medicine and Science (the University) or the Rosalind Franklin University Health Clinics, the parties hereto agree as follows:

Effective with respect to amounts paid on or after _____ (which date is subsequent to the execution of the Agreement), the employee's gross salary per pay period will be reduced by the amount indicated below and allocated to the employee's TIAA-CREF Accounts as designated by the employee.

The amount of the salary reduction for the voluntary Group Supplemental Retirement Annuity (GSRA) Tax Deferred Annuity (pre-tax) shall be:

_____% of regular salary per pay period

OR

_____ Amount per pay period

The amount of the salary reduction for the voluntary ROTH (post-tax) contribution shall be:

_____% of regular salary per pay period

OR

_____ Amount per pay period

This Agreement is a legally binding contract. It shall remain in effect through the end of the calendar year of the effective date of the Agreement while employment continues unless the employee submits a new Agreement authorizing termination or change to this contract. Any written termination or new Agreement will be effective only with respect to amounts earned on and after the first day of the next pay period following receipt by the University. The University reserves the right to stop, or suspend, salary reductions on behalf of the employee at any time, when it has reason to believe the annual maximum deferral amount has been reached pursuant to IRS regulations.

Date:

Date:

Employee Signature

HR Authorized Signature

Last 4 of Social Security Number

HR Job Title

Salary Reduction Agreement Forms must be uploaded to your employee documents in ADP. Myself > Employment > My Documents > Upload to the Retirement/TIAA folder

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DR. WILLIAM M. SCHOLL COLLEGE OF PODIATRIC MEDICINE • SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES

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