

**Foundation For The National Institutes Of Health, Inc.
2019 Agreement for Salary Reduction Under Section 403(b)**

Effective for amounts paid for pay periods beginning on or after January 1, 2019, which date is subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount(s) indicated below. Contributions may be made on a pre-tax or after-tax (Roth) basis. At the same time, the Foundation for the NIH, Inc. will contribute a corresponding amount to the Employee's pre-tax TIAA account which the Employee will allocate among the available funding vehicles.

This Agreement will remain in effect while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month (or pay period, if applicable) by giving at least 30-days written notice mailed or delivered to the address of record of the other party.

The amount of the salary reduction shall be

Category	Pre-Tax Amount	After-Tax Amount
% of Gross Annual Salary		
(\$) Per Pay Period if applicable		

_____ I would like to elect to have the Maximum Amount, which will be withheld Pre-Tax unless indicated otherwise. My statutory limitation allows \$19,000 for 2019 (the total of Pre-Tax and After-Tax Contributions). *Per IRS regulation the maximum needs to be adjusted for any year-to-date contributions made to other retirement accounts (i.e. 401K, 403B, etc.).

In order to receive the employer matching contribution from the Foundation, the Employee must contribute a minimum of 2% of gross annual compensation to the plan. For 403(b) plans, the salary reduction amount may not produce a total contribution that exceeds the Employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less.

Employees age 50 or over, can make additional elective deferrals to 403(b) plans that are above and beyond the statutory limits. You can contribute an additional \$6,000 in 2019.

_____ I am age 50 or over and wish to make a catch-up contribution of \$_____ for 2019.

Employee Signature

Date

Employee Name: _____

Social Security Number: _____

Date Of Birth: _____

Date Of Hire: _____

Employee Address

Street Address: _____

City: _____

State: _____

Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____