

LEWIS-CLARK STATE COLLEGE

**State Board of Education Tax Deferred 457 (Deferred Compensation) Plan
Salary Modification Agreement**

Initial Authorization _____ **Amendment** _____ **Cancellation** _____

By this agreement, made between _____, (employee)
and Lewis-Clark State College, we agree as follows:

Effective for salary paid on or after _____, the employee's salary will be reduced each pay period by the amount indicated below. The employee is responsible for determining that the amount of the total salary reduction does not exceed the amount permitted under the Internal Revenue Code 402(g).

This agreement supercedes any and all previous agreements. The following indicates the **TOTAL** salary reduction for this employee from the date shown above to the indicated plans:

Tax Deferred 457 Plan approved vendor choices & bi-weekly deduction amount:

TIAA-CREF \$ _____

Nationwide \$ _____

Note: Other tax deferred plans (401(k), 403(b)) may be available to employees. Contact HRS for additional information.

This agreement shall continue until amended or terminated by the employee or until the employee terminates from LCSC.

Employee's Name (Please Print)

Date

Employee's Signature

Employer's Signature & Date