

**WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION
COUNCIL FOR COMMUNITY AND TECHNICAL COLLEGE EDUCATION
2024
SALARY REDUCTION AGREEMENT**

Employer/ Institution: 			
Employee Name: Last, First MI (PLEASE PRINT) 		Date of Birth 	Current Age:
Employee SSN# (last 4 digits'): XXX-XX- 	OASIS ID: 	Reason for completing form: <input type="checkbox"/> New Hire / Newly Benefit Eligible <input type="checkbox"/> Changing Contribution Amount(s) <input type="checkbox"/> Existing Employee/New Participant <input type="checkbox"/> Other: 	
Home Phone #: 	Work Phone #: 	Email: 	

As an employee, you may contribute a portion of your compensation to the Section 403(b), ROTH 403(b), 457(b) and/or ROTH 457(b) Plan sponsored by the West Virginia Higher Education Policy Commission ("Commission"). The amount you choose to defer pursuant to Part I below shall not exceed the applicable limitations of Internal Revenue Code Sections 415, 402(g) and 414(v), whichever is less, as applicable. Amounts contributed to the Section 403(b), ROTH 403(B), 457(b) and/or ROTH 457(b) plans will be invested among the approved investment options and selected by you in a separate investment election form.

Subject to any advance notice period to process this Salary Reduction Agreement "Agreement" for payroll purposes, this Agreement shall become effective on the later of the following: (i) the second payroll cycle following the payroll cycle this form is received by the Human Resource/Payroll Office; or (ii) as soon as the form can reasonably be entered following the return of this Agreement to the Human Resource/Payroll Office. This Agreement replaces any previously submitted Agreement for this plan and shall remain in effect unless revoked or modified in writing as permitted by the terms of the Section 403(b), ROTH 403(b) 457(b) and/or ROTH 457(b) Plans and in accordance with such form(s) as the Commission may from time to time provide.

Please be advised that any election you make below applies only to salary deferrals to the 403(b), ROTH 403(b), 457(b) and/or ROTH 457(b) Plan sponsored by the Commission via payroll contributions. If you participate in another 403(b), ROTH 403(b), 457(b), ROTH 457(b), or 401(k) retirement plan, you should consult your tax advisor regarding the overall limits that apply in your individual circumstances.

PART I - GENERAL COMPENSATION DEFERRAL ELECTION - After a review of the materials provided by the plan, I elect to participate in the 403(b) and/or the 457(b) program(s) as indicated below:

1. 403(b) – Pre-Tax - Maximum Deferral for 2024 = \$23,000 (OASIS Deduction Code DCSRA)

Total deferral amount \$_____ annually contributed at \$_____ per_____ pay-periods; or % of Salary Deferral _____%

403(b) Age 50+ Catch-Up Plan – Pre-Tax – Additional \$7,500 for 2024 * (OASIS Deduction Code SRACU)

Total deferral amount \$ _____ annually contributed at \$ _____ per _____ pay-periods; or % of Salary Deferral _____%

OR

ROTH 403(b) – After-Tax Maximum Deferral for 2024 = \$23,000 (OASIS Deduction Code DCROT)

Roth After-tax amount \$ _____ annually contributed at \$ _____ per _____ pay-periods; or % of Salary Deferral _____

ROTH 403(b) Age 50+ Catch-Up Plan – After-Tax – Additional \$7,500 for 2024 * (OASIS Deduction Code ROTCU)

Roth After-tax amount \$ _____ annually contributed at \$ _____ per _____ pay-periods; or % of Salary Deferral _____%

2. 457(b) Pre-Tax. Maximum Deferral for 2024 = \$23,000 (OASIS Deduction Code DCTI4)

Total deferral amount \$ _____ annually contributed at \$ _____ per _____ pay-periods; or % of Salary Deferral _____%

457(b) Age 50+ Catch-Up Plan – Pre-Tax. Additional \$7,500 for 2024*(OASIS Deduction Code TI4CU)

Total deferral amount \$ _____ annually contributed at \$ _____ per _____ pay-periods; or % of Salary Deferral _____%

OR

ROTH 457(b) – After-Tax Maximum Deferral for 2024 = \$23,000 (OASIS Deduction Code T4ROT)

Roth After-tax amount \$ _____ annually contributed at \$ _____ per _____ pay-periods; or % of Salary Deferral _____

ROTH 457(b) Age 50+ Catch-Up Plan – After-Tax – Additional \$7,500 for 2024 * (OASIS Deduction Code T4RCU)

Roth After-tax amount \$ _____ annually contributed at \$ _____ per _____ pay-periods; or % of Salary Deferral _____%

Optional

457(b) Special 457(b) Three Year Prior to Normal Retirement Age of 65. (Contact TIAA for calculation of allowable amount and limits)

Total deferral amount \$ _____ annually contributed at \$ _____ per _____ pay-periods; or % of Salary Deferral _____%

**Note: Certain federal law limitations apply in determining whether you are eligible to select “Age 50+ Catch-Up”. If you are or will be at least 50 years of age on December 31 of the current calendar year, you are eligible for catch up contributions. If you are not using the Age 50+ Catch-up for the 457(b) plan, and you are 62, you may participate in the 457(b) Special Three Year Catch-Up Plan. Please contact the Human Resource Office if you have questions. If you select the maximum amount allowed by law, the amount deferred will be based solely on your participation in the Section 403(b), ROTH 403(b), 457(b), and ROTH 457(b) Plans available through your employer and you will be required to notify the Human Resource Office of any desired change. For instance, if the maximum contribution amount (or catch-up amount) is increased by law, this election will not automatically authorize an increase in your deferral election. Rather, contributions will remain at the maximum amount permitted at the effective date of this election unless a new election is completed. If an employee’s deductions reach the maximum amount within the calendar year, the Payroll*

Office will stop payroll deductions until January 1 of the following calendar year. Your election will remain in force until you change it, no longer meet eligibility requirements, or you no longer meet minimum net pay requirements.

Important Note: For new participants please enroll in the respective plan on-line at www.tiaa.org/wvhepc to set up your account. If you don't take action, you will be enrolled in the default investment with your estate as your beneficiary.

PART II – SIGNATURE VERIFICATION & EFFECTIVE DATE

Upon completion and signature of this Agreement, please return it to your Human Resource Office. The submission of this Agreement will replace any prior Salary Reduction Agreements you have made for these plans.

Requested effective date of payroll change*: _____

*The effective date shall be the beginning of the next payroll cycle following the date this form is received by the Human Resource Office, or as soon as the form can be keyed. Be aware payroll "cutoff" is substantially earlier than the actual pay date (i.e., the last day information can be changed for the end of the month is typically mid-month).

Employee Signature: _____ Date: _____

RETURN THIS FORM WITH THE ENROLLMENT FORM TO HUMAN RESOURCES

Human Resources Received by: _____ Date: _____

Payroll/Finance Received by: _____ Date: _____