



**Section I: Personal Information and Election (Incomplete Information will delay processing)**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Print Employee's Name Email Address Employee ID # (Required)  
request the following amount be deducted from my pay, submitted to the stated SRA Program provider and  
to be effective on & after \_\_\_\_\_ (payday to be affected)

I am paid  Semi - Monthly  Biweekly  
(24 pays per calendar year) (26 pays per calendar year)

**Section II: Reason for Completing Form**

This Salary Reduction Agreement is for the following SRA plan(s).

403 (b) plan  
 Deduct \$ \_\_\_\_\_ .00 per pay  
 New 403 (b) agreement with \_\_\_\_\_  
(403 (b) provider name)  
I have no prior 403 (b) agreement currently in effect with any provider.

Change in 403 (b) provider  
\_\_\_\_\_  
(current provider will be stopped)  
Future contributions will be made to:  
\_\_\_\_\_  
(new 403 (b) provider)

Termination of 403 (b) agreement with:  
\_\_\_\_\_  
(403 (b) provider)

457 (b) plan  
 Deduct \$ \_\_\_\_\_ .00 per pay  
 New 457 (b) agreement with \_\_\_\_\_  
(457 (b) provider name)  
I have no prior 457 (b) agreement currently in effect with any provider.

Change in 457 (b) provider  
\_\_\_\_\_  
(current provider will be stopped)  
Future contributions will be made to:  
\_\_\_\_\_  
(new 457 (b) provider)

Termination of 457 (b) agreement with:  
\_\_\_\_\_  
(457 (b) provider)

**Program Guidelines and Certification Statement**

This Agreement is made by and between the employee, The Ohio University, and the SRA provider. The parties agree that:  
1. Effective as of the later of (a) the date specified in Section I above and (b) the date permitted under the terms of the applicable SRA plan. The university shall reduce the employee's compensation each pay period by the stated amount.  
2. The university agrees to remit this amount to the stated SRA provider for the purchase of a retirement annuity contract or fund shares, as applicable, according to the terms of the applicable SRA plan. The employee must also establish an account directly with the SRA provider by submitting the necessary application.  
3. This salary reduction is only for the purposes authorized by the Internal Revenue Code (IRC) and the tax laws of the State of Ohio. The reduction in salary provided for in Section II shall not be considered in calculating deductions for either the State Teachers Retirement System of Ohio (STRS), Ohio Public Employees Retirement System (OPERS), Ohio Alternative Retirement Plan (ARP), Medicare tax, or for city or municipal income tax, nor shall such reduction be considered in determining any salary adjustment due to absence.  
4. This election will not be effective until the account is opened with the provider.  
This Agreement is subject to the terms and conditions of the applicable SRA plan(s), and shall remain in full force and effect during the continued employment of the employee unless a hardship withdrawal is obtained, the IRS limit is reached, or unless terminated in writing by either party, or amended by proper submission of a revised Agreement by the employee.

**Section III: Employee Authorization**

\_\_\_\_\_  
(Employee Signature) (Date) Daytime Phone #

Return Completed form to the Payroll Office:  
214 WUSOC, Athens, OH 45701 or fax to (740) 597-2137. Retain a copy for your Records