

KINGSBROOK JEWISH MEDICAL CENTER

403(b)

SALARY REDUCTION AGREEMENT

Check one:

- Initial agreement**
- Change (Modifies any Prior Salary Reduction Agreement)**

Employee Information

| | | |
|----------------------------------------------|--------------------------------|----------------|
| Social Security No. _ _ _ - _ - _ - _ - _ | Employee Number, if applicable | Department |
| Last Name | First Name | Middle Initial |

Salary Reduction Agreement

The employee authorizes the Employer to make salary reduction contributions on the Employee's behalf into the Section 403(b) Tax Deferred Annuity Contract (s) or Custodial Account. The Employee agrees that his/her compensation will be reduced by **(Employee should fill in the % or dollar amount elected on the line below; whole percentage only):**

Check one: Pretax

- \$ _____ (amount) per pay period (subject to the maximum amount allowed under the Plan, if applicable)
- _____ % of compensation during each pay period (subject to the maximum amount allowed under the Plan, if applicable)
- _____ (amount) per year (subject to the maximum amount allowed under the Plan, if applicable)

Check one: Post tax

- \$ _____ (amount) per pay period (subject to the maximum amount allowed under the Plan, if applicable)
- _____ % of compensation during each pay period (subject to the maximum amount allowed under the Plan, if applicable)
- _____ (amount) per year (subject to the maximum amount allowed under the Plan, if applicable)

The salary reduction should commence beginning on _____.*

You can terminate this agreement by giving prior written notice in accordance with the rules of the Plan (if applicable). The Plan rules determine when you can enter into a new Salary Reduction Agreement.
Have you contributed this year to a 401(k) plan, 457 plan, SEP or another 403(b) plan/ contract?

Employee must check one:

- Yes**
- No**

If your response is "Yes", then please provide your Employer with supporting documentation to ensure that the contribution limits of Sections 402(g), 403(b), 415 and 457(c) of the Internal Revenue Code are not exceeded. Please keep your Employer informed if contributions of this nature are made in subsequent years.

Select One

- Traditional (Pre-Tax)
- Roth (Post-Tax)

Signatures

Employee- Print Name

Kingsbrook Jewish Medical Center
Employer Name

X _____
Employee- Signature Date

Employer Representative- Print Name

*** You cannot fill in a date that is earlier than the latest date that this form was signed by either you or your Employer. Refer to the signatures section.**