



### INITIAL 403b SET UP FORM

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Designated Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Designated amount to be withheld per pay period: \_\_\_\_\_  
(Certified has 24 pay periods; Non-certified has 18 pay periods)

Amount of Employer match per year: \_\_\_\_\_

In executing this Agreement, I understand:

This form must be completed and received by Sandy prior to September 1 for initial salary reduction.

My employer will contribute to the 403b account on my behalf the amount by which I have reduced my compensation under this agreement (my elective deferral contributions)

My employer will contribute to the 403b account on my behalf the appropriate designated matching amount per handbook agreements.

My elective deferral contributions are not subject to federal (or state, if applicable) income taxes until distribution from the plan, but my deferral contributions are subject to Social Security taxes. My employer will deduct from my remaining compensation my Social Security tax liability on my elective deferral contributions.

This agreement will be effective only as specified in the WCED Staff Handbook.

Salary reduction will continue until I revoke this Agreement by providing my employer with at least 30 days advance notice of revocation.

The reduction will not begin until my employer is notified by my Vendor of said action. **Salary Reduction Agreement for 403(b)/403(b) Roth/457 TSA with Match Form MUST be included.**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Date both forms were received by WCED: Date: \_\_\_\_\_

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