

SALARY REDUCTION AGREEMENT

WHEREAS, _____ herein referred to as the "Employee", desires to establish a payroll reduction plan for the purchase of annuities or other authorized investments as authorized in Section 403(b) and 403(b)(7) of the Internal Revenue Code and prescribed under Tex. Rev. Civ. Stat. Ann. Article 6228a-5 as amended by House Bill 1824. Such plan to be known as the TSA Plan.

WHEREAS, _____ herein referred to as the "Employer" wishes the employee to have those benefits.

NOW THEREFORE IT IS AGREED:

1. The employee's salary will be reduced by the employer.
2. The employer will apply the amount of the salary reduction to the purchase of a non-forfeitable contract for the employee.
3. The employer will apply and remit the salary reduction to the third party administrator or directly to the provider.
4. This agreement is legally binding; however, each party to the agreement reserves the right to terminate said agreement upon giving thirty (30) days written notice to the other party.
5. Beginning _____, 20____ the Employer will apply the amount of the salary reduction described below to the purchase of a nonforfeitable contract for the Employee.

Is this a Roth 403B? Yes No

		NEW	INCREASE	DECREASE	STOP
_____ COMPANY NAME	_____ AMOUNT PER PAY PERIOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ COMPANY NAME	_____ AMOUNT PER PAY PERIOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ COMPANY NAME	_____ AMOUNT PER PAY PERIOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Contribution Amount: _____

New Company Premium Remittance Address: _____

6. **CONFIDENTIALITY.** During the time information that identifies an individual covered by a plan is in the administrator's custody or control, the administrator shall take all reasonable precautions to prevent disclosure or use of the information for a purpose unrelated to administration of the plan.

The administrator shall disclose information described only:

- (a) in response to a court order;
- (b) for an examination conducted by the commissioner of insurance;
- (c) for an audit or investigation conducted under the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001, et seq.);
- (d) to or at the request of the insurer or plan sponsor; or
- (e) with the written consent of the identified individual or his or her legal representative.

(Signature of Participant) (Date)

(Agent/Broker Signature)

(Social Security Number) (Home Telephone)

(Agent/Broker Name) (Print)

(Address)

(Agent/Broker Phone Number)

(City, State, Zip Code)

(Email Address)

Fax Forms to: Benefit Elect of Texas 855-710-7400

Salary Reduction Agreement ONLY VALID with Disclosure Statement