

## **SALARY REDUCTION AGREEMENT**

Name:		Employee ID:			
Age:	ge: Full-time years @SRJC:				
☐ New TSA ☐ Change in existing		in existing TSA	Change in TSA Vendor	☐ Termination	
mutually u		hat the employee request		College District, Employer: It is employee's salary to participate in	
	Effective Date	Monthly Amount	TSA Vendo Must be registered at the 4 website		
District ma its trustees trustees, of I agree the However,	akes no representation as s, officers, and employees fficers, and/or employees at this agreement is bir this agreement may be o	to the present or future vest harmless from any and s.  adding and irrevocable with	alue or soundness of the inves all claims based upon any allo ith respect to salary earned variespect to salary not yet earn	ed Annuity, I understand that the tment. I agree to hold the District, eged negligence of the District, its while this agreement is in effect. ed. I also certify that the above	
Employee Signature		Daytim	e Phone Number	Date	
Agent's Signature  Note: Agent Signature is required on the initial agr			e of Company after only if change in TSA vendor.	Agent's phone number	
Limits for	the plan will be the less	er of:			

The 402(g) general limit

100% of Gross Compensation

Calendar Year	402(g) General Limit	50+years of age
2017	\$18,000	\$6,000
2018	\$18,000	\$6,000
2019	\$19,000	\$6,000

In addition to the amounts above, Faculty or Staff with 15 years of full-time service with the District may also be eligible to contribute an additional \$3,000 per year not to exceed a lifetime contribution of \$15,000. Please consult the Payroll Department to verify eligibility.