

STEP 1: TELL US ABOUT YOURSELF

Choose the appropriate title: Mr. Mrs. Miss Ms. Dr. Other _____

Last Name _____ First Name _____ M.I. _____ Employee ID# _____

Birth date ____ / ____ / ____ Age ____ Date of hire ____ / ____ / ____ New Enrollment Update Contribution

Daytime phone _____ Department _____

STEP 2: TELL US IF YOU WANT TO CONTRIBUTE (Select one option only)

I elect to contribute through salary deferrals to the vendor indicated below:

TIAA

- Pre-tax contributions _____ % or \$ _____
- Roth after-tax contributions _____ % or \$ _____

Discontinue my current TIAA salary deferral

Newly eligible employee **Opt Out** of the automatic enrollment provision. You will not be enrolled into Lincoln or TIAA.

STEP 3: READ THESE STATEMENTS CAREFULLY

- The employer will reduce your pay by the amount indicated (in **Step 2** above) per pay period and send this amount to the provider as contributions.
- The first payroll deduction will take place as soon as administratively possible after we receive this form.
- While employment continues, this agreement legally binds both you and the employer for amounts deferred while it is in effect. A new agreement must be submitted to change your percentage.
- This agreement will apply only to eligible salary not yet currently available to you. It will not apply to any amounts earned after the agreement is terminated.

STEP 4: SIGN YOUR NAME

By signing below, I certify that I have read, understand and agree to the terms of the **Salary Reduction Agreement**.

Participant's signature

Date

FOR HR USE ONLY

| Deduction Code | Rate Entered | Pay Period/Effective Date | Date Processed | Processed By | CALC Checked |
|----------------|--------------|---------------------------|----------------|--------------|--------------|
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Comments _____