

Georgia State University
2019 Salary Reduction Agreement (SRA)
 403(b) / 457(b) Pre-Tax & Roth Options



This form is to be used for enrollment and changes from January - April 2019

A. PARTICIPANT INFORMATION: PLEASE COMPLETE ALL SECTIONS	
Print Name: (Last, First, MI)	Employee ID or last 4 digits SSN:
Work Phone:	Date of Birth:
I am 50 or older this year: Yes _____ No _____	
This year I contributed to another employer's voluntary plan: Yes _____ No _____	

B. FOR 10 - MONTH FACULTY
Deductions will not continue during Maymester and Summer unless you elect to continue them by completing another Salary Reduction Agreement (SRA) form. Please complete and submit your form to Payroll 10 days prior to the scheduled payday for Maymester or Summer.

C. FOR NEW ENROLLMENT:
<input type="checkbox"/> PLEASE CHECK IF YOU ARE ENROLLING AS A NEW PARTICIPANT You must complete the investment company's enrollment application on line at: http://employees.hr.gsu.edu/benefits/active-employees/financial-security/voluntary-retirement/ Failure to complete the online vendor account setup may result in contributions being returned.

D. TO CHANGE YOUR CONTRIBUTION AMOUNT:
<input type="checkbox"/> CHANGE - All requested changes and contributions to existing vendors must be listed
<input type="checkbox"/> CANCEL - Indicate \$0.00 for all contributions to be terminated
<input type="checkbox"/> Defer My Lump Sum Vacation Pay (Upon Retirement/Termination) Special Instructions: _____

E. EFFECTIVE DATE: Please Indicate When Deductions Will Begin	
<input type="checkbox"/> Next available payroll	<input type="checkbox"/> Specify pay date:

F. PLAN CHOICE: Select either 403(b) OR 457(b) - You must complete a separate SRA for each plan	
<input type="checkbox"/> 403(b)	<input type="checkbox"/> 457(b)

G. INVESTMENT COMPANY: Please select from the following and indicate the \$ or % amount per pay					
Fidelity	PRE-TAX	\$	Fidelity Roth	POST-TAX	\$
TIAA-CREF	PRE-TAX	\$	TIAA-CREF	POST-TAX	\$
VALIC	PRE-TAX	\$	VALIC Roth	POST-TAX	\$

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PARTICIPANT INFORMATION	
Print Name: (Last, First, MI)	Employee ID or last 4 digits SSN:

FEDERAL CONTRIBUTION LIMITS FOR 2019: The allowable limit is \$19,000 for each plan. If you are age 50 or older in 2019 you may contribute an additional \$6,000 in each plan. Contributions are 100% employee paid; you may enroll and contribute the maximum in both plans.

Terms and Conditions of Participation: I understand that I may stop, start, or change my future contribution(s) amount at any time during the year by submitting a new Salary Reduction Agreement (SRA).

I understand that it is my responsibility to monitor my earnings statement each payday to ensure that my deductions are made for the correct amounts and immediately notify the Benefits Office of any discrepancies. I also understand that this SRA replaces and cancels all previous agreements on file. Only contributions to the companies indicated on this form will continue after the effective date of this agreement. If the designated amount(s) exceed Internal Revenue Code limits, my contributions will be stopped automatically and no further contributions will be allowed during that calendar year. Contributions will begin again with the start of the next calendar year, unless I submit a new SRA form, designating a change.

I have read and agree with the Terms and Conditions of Participation with my signature and date below.

Signature:	Date:
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***Always make a copy of this SRA for your personal records**

***Check your earnings statement to verify that this SRA has been processed accurately**

DELIVERY METHOD	
Fax	(404) 413-3324
Email/Scan	benefits@gsu.edu
In Person	1 Park Place, 3 rd Floor, Suite 330
Mail	Georgia State University, Benefits Office, P.O. Box 3982, Atlanta, GA 30303-3982

FOR PAYROLL ACCOUNTING USE ONLY:

Processed by:

Date: