

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
*Last First*

Social Security No: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Prior JHU Service: \_\_\_\_\_ to \_\_\_\_\_ Former Name (if applicable): \_\_\_\_\_

Effective for amounts earned on or after the first day of: \_\_\_\_\_ PERNR: \_\_\_\_\_  
*(month/year) (If unknown; leave blank)*

Salary reduction agreements received **by the 15<sup>th</sup>** of the month will be effective the first of the following month.

**Section I. Salary Reduction Election Amount** Complete only if you are making a first election or changing the amount of your existing salary reduction.

- \_\_\_ A. A voluntary amount of \$ \_\_\_\_\_ **per pay**. The minimum voluntary contribution is \$7.50 per pay (semi-monthly payroll).
- \_\_\_ B. The annual **maximum** voluntary amount allowed by the Internal Revenue Code and administratively practical to be taken over the remaining pay periods of the year. Amount adjusts annually.
- \_\_\_ C. University contributions only.

**Section II. Determine Your Eligibility**

Select one: \_\_\_\_\_ Resident \_\_\_\_\_ Intern \_\_\_\_\_ Postdoctoral Fellow

Status	University Contribution Eligible *	Employee Voluntary Contribution Eligible	Complete Sections Below
Residents & Interns	Yes	Yes	A or A & B
Postdoctoral Fellows	No	Yes	B

**Section III. Investment Company Allocations** Complete below for initial allocation or to change your existing allocation. Elections must be in whole percentages totaling 100%. If establishing an account with a new investment company, please attach their enrollment application. If application not received, contributions default to the investment company's age-appropriate life cycle fund.

A. University Contributions		B. Employee Voluntary Contribution	
American Century Investments		American Century Investments	
Fidelity Investments		Fidelity Investments	
		TIAA-CREF Supplemental Annuity	
TIAA-CREF Regular Annuity		TIAA-CREF Regular Annuity	
VALIC		VALIC	
The Vanguard Group		The Vanguard Group	
<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>

\* Temporary, Limited or Casual employees are not eligible for University contributions.

**Income Deferral 403(b) Salary Reduction &  
University Contribution Agreement**

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**Section IV. Prior Pre-tax Contributions (Required for new enrollments)**

Select one of the following:

- I made no pre-tax contributions through my previous employer in this calendar year.  
 My total pre-tax contributions through my previous employer in this calendar year were \$ \_\_\_\_\_.
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**Section V. Termination of Agreement**

- Please terminate my salary reduction agreement. I understand that I must sign a new Salary Reduction form if I want to resume voluntary contributions in this plan in the future.
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**Section VI. Employee Authorization**

I hereby authorize Johns Hopkins University (JHU) to reduce my gross salary by the amount indicated in Section I. Such salary reduction amount will be applied by JHU to purchase one or more annuity contracts and/or mutual funds for me as indicated in Section III. When the maximum is elected, I understand that unless I otherwise instruct, this amount will be adjusted periodically to maintain my maximum contribution. This authorization will remain in effect until the Benefits Service Center either receives written notice of termination of this agreement in Section V from me, a new valid salary reduction agreement signed by me, I die, I become totally disabled, or my JHU employment terminates, whichever shall first occur. I agree that I can only withdraw these contributions in accordance with the plan document and the provisions under the annuity contracts and/or mutual funds that I elect to use. I understand this agreement is subject to approval by JHU, and I accept full responsibility for all the effects of this agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Date

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**Office Use Only:**

Benefits Service Center: \_\_\_\_\_  
Signature Date

Benefits Shared Services: \_\_\_\_\_  
Signature Date

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**Return Form to:**

JHH & Bayview:  
Registrar's Office  
Johns Hopkins University  
School of Medicine  
Broadway Research Building  
733 N. Broadway Suite 147  
Baltimore, MD 21205  
FAX: 410-955-0826

Homewood:  
JHU Benefits Service Center  
1101 E. 33<sup>rd</sup> Street, Suite D100  
Baltimore, MD 21218  
FAX: 443-997-5820

**BSC/BSS Use Only:**

- New Election  
 Change in Election  
 Termination of Election  
Eligibility Date \_\_\_\_\_  
 Prior Service (552)  
 Prior Contribution (510)  
 IT41