

403(b) Salary Reduction & Agreement

Section III. 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 \$ _____.

Section IV. 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.

Section V. 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 II. I acknowledge that this authorization will remain in effect until the end of the calendar year in which it is established unless: (a) I elect to terminate the agreement during the year by completing Section IV, (b) I submit a new valid salary reduction agreement signed by me, (c) I die, (d) I become totally disabled, or (e) my JHU employment terminates, whichever shall first occur. I acknowledge that my elected contribution will be deducted only to the extent that I am receiving salary in that pay period to support the deduction. 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

Office Use Only:

Benefits Service Center: _____
Signature

Date

Benefits Shared Services: _____
Signature

Date

Return Form to: JHU Benefits Service Center
1101 E. 33rd Street, Suite D100
Baltimore, MD 21218
FAX: 443-997-5820

Rev. 9/09

BSC/BSS Use Only:
<input type="checkbox"/> New Election
<input type="checkbox"/> Change in Election
<input type="checkbox"/> Termination of Election
Eligibility Date _____
<input type="checkbox"/> Prior Service (552)
<input type="checkbox"/> Prior Contribution (510)
<input type="checkbox"/> IT41