

**BERGEN COMMUNITY COLLEGE  
403B SALARY REDUCTION AGREEMENT**

NAME \_\_\_\_\_  
Last
First
Middle

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street
City
State
Zip

New Account

Existing Account

The above named employee and BERGEN COMMUNITY COLLEGE agree that the employee's eligible earned base bimonthly salary will be reduced by voluntary contributions beyond those required by the 414(H) treatment. The amount of reduction shall be:

\$ _____	AXA EQUITABLE	(48)
\$ _____	MASS MUTUAL	(49)
\$ _____	METLIFE	(47)
\$ _____	TIAA-CREF	(33)
\$ _____	VALIC	(46)
\$ _____	VOYA	(45)

The deduction will begin effective \_\_\_\_\_, 20\_\_\_\_. Each employee shall ensure that the reduction in compensation shall in no event exceed the Employee's "exclusion allowance" as defined in Section 403(b) (2), or limitation set forth in Section 415 and 402(g) of the Internal Revenue Code.

This agreement shall be legally binding as to each of the parties hereto while employment continues; provided that either party may terminate this agreement as of the end of any month, so that it will not apply to salary subsequently earned, by giving at least thirty (30) days written notice of the date of termination; and provided further, that no more than two agreements for such salary reduction may be made within any taxable year.

\_\_\_\_\_  
 Employee's Signature Date

\_\_\_\_\_  
 Bergen Community College Representative Signature Date