

**Gulf Coast State College, Florida**  
**Payroll Reduction Authorization for 403(b)**  
**Annuity Contract or 403(b)(7) Custodial Account**

Name of Company

Employee's Name

Social Security Number

Work Location

Position

☐ **Original Agreement**

Full Time	With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:
	<input type="checkbox"/> Equal amounts of \$ _____ per pay period beginning the _____, 20__ pay period.
	<input type="checkbox"/> Amounts equal to _____ % of compensation per pay period beginning the _____, 20__ pay period.
	<input type="checkbox"/> Defined contributions to CCORP vendor listed above OR _____.
Adjunct/ Part Time	With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:
	<input type="checkbox"/> Amounts equal to _____ % of compensation per pay period beginning the _____, 20__ pay period.
	The amount elected above shall result in a total ANNUAL REDUCTION not to exceed the maximum exclusion allowance calculation. The Employer agrees that it will remit the amount of such reduction for the 403(b) Tax Sheltered Annuity or 403(b)(7) custodial account offered by the Company listed above.
	<b>ADJUNCT INSTRUCTORS AND PART TIME EMPLOYEES ONLY:</b> I hereby certify that should I make an elective deferral to a qualified retirement plan with another employer, I will not exceed my Maximum Allowable Contribution in this or any future calendar year. I am responsible for maintaining the level of my contribution to all plans at or below the applicable limits for all years.
	Employee's Initials Required

☐ **Amendment Agreement - Type of Change Desired**

Full Time	<input type="checkbox"/> Change CCORP vendor from _____ to vendor listed above OR _____.
	<input type="checkbox"/> Increase from \$ _____ per pay period to \$ _____ beginning the _____, 20__ pay period.
	<input type="checkbox"/> Decrease from \$ _____ per pay period to \$ _____ beginning the _____, 20__ pay period.
Adjunct/ Part Time	<input type="checkbox"/> Change to _____ % of compensation per pay period beginning the _____, 20__ pay period.
	<b>ADJUNCT INSTRUCTORS AND PART TIME EMPLOYEES ONLY:</b> I hereby certify that should I make an elective deferral to a qualified retirement plan with another employer, I will not exceed my Maximum Allowable Contribution in this or any future calendar year. I am responsible for maintaining the level of my contribution to all plans at or below the applicable limits for all years.
	Employee's Initials Required
<input type="checkbox"/> Suspend - Name of Company _____ Effective Date of Change _____, 20__	
I have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease or elimination of reduction under the 403(b) T.S.A. program, that this reduction or elimination cannot be "made up" in the future unless it falls within the allowable limits for that year.	

☐ **Terminal Pay at Retirement or Termination**

<input type="checkbox"/> One-time reduction from Terminal Pay \$ _____ Total from Terminal Pay
The Employee expressly understands and agrees that if the amount requested above is more than the amount due to the Employee (less applicable taxes), no reduction will be made and the entire amount will be paid to the Employee.

This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made. It is understood that the amount specified will be forwarded to the Company listed above. In the event that the calculations provided by the College are lower than the calculations provided by the company / representative, the College's calculation shall prevail.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion, the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year. I also hereby agree to and authorize my Employer to request a refund of 403(b)(7) contributions that exceed my Maximum Allowable Contribution in any calendar year. Excess contributions should be forwarded directly to the Employee.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code of 1986, as amended. **Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.**

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

**Effective Date of this Agreement** \_\_\_\_\_, 20\_\_.

\_\_\_\_\_/Phone: \_\_\_\_\_  
 AGENT / REPRESENTATIVE

Gulf Coast State College, Florida

\_\_\_\_\_  
 EMPLOYEE

\_\_\_\_\_  
 EMPLOYER

Dated \_\_\_\_\_, 20\_\_

Dated \_\_\_\_\_, 20\_\_