

- NEW** (I completed and submitted the required account application(s) for the vendor(s) select.
I understand that failure to complete the vendor application will result in my contributions being returned.)
- CHANGE**
- CANCEL**



Agreement for Salary Reduction Under Section 403(b)

BY THIS AGREEMENT, made between _____ (the Employee)
and the Nevada System of Higher Education (NSHE), we agree as follows:

Effective for amount paid on or after _____, _____, which date is subsequent to the
(month & day) (year)
execution of this Agreement, the Employee's salary will be reduced by the amount indicated below and
allocated to the company(s) as designated by the Employee.

This Agreement shall be legally binding and irrevocable for both the Institution and the Employee while
employment continues. However, either party may terminate or otherwise modify this Agreement by
submitting a new Salary Reduction Agreement to Human Resources.

I am paid: (check one)

- Monthly Semi-Monthly

Vendor	Pre-Tax Contribution per paycheck	Roth 403(b) Post-Tax Contribution* per pay check
FIDELITY	\$	\$
TIAA-CREF	\$	\$
VALIC	\$	\$
TOTAL		

This amount will produce a total contribution that does not exceed the Employee's statutory limitation under IRC
Section 415 or Section 402(g), whichever is less. For employees age 50 or over, this amount will include any
additional catch up contribution permitted under IRC Section 414(v).

* Roth 403(b) contributions are made with after-tax dollars. Contributions and earnings are tax-free upon
withdrawal if certain requirements are met. Talk to your financial counselor for details.

Signed this _____ day of _____, _____
(day) (month) (year)

_____ (Employee Signature)	_____ (Employee ID Number)	_____ (Institution)
HR USE ONLY		
_____ (Administrators Signature)		_____ Date

Please return or fax this form to:	BCN-HR Benefits Dept.
FAX: (775) 784-1146	70 Artemesia Way, Room 2 MS-240
	Reno, NV 89557