



The UNIVERSITY of VERMONT

2024
Salary Reduction 403(b) Retirement Plan
Participation Agreement

2024 IRS Maximum 403(b) Contribution = \$23,000

Empl ID: _____

1. Employee Section

Last Name:	First Name:
Date of Birth (MM/DD/YYYY):	Date of Hire (MM/DD/YYYY):

2. Type of Agreement – choose all that apply

- New Enrollment** (attach proof of UVM account with vendor – one for each vendor with which you are investing. Proof must include your name, UVM’s name and the vendor name)
- Request to Waive Waiting Period** (attach proof of active 403(b) account with most recent employer, which includes your name, the employer’s name and the vendor name)
- Waive/Cancel 403(b) Participation** (If you are receiving the UVM contribution, it will also cease)

IMPORTANT: If you wish to elect any special catch-up contributions you need to complete a separate “**403(b) Retirement Catch-Up Option Request**” form. These catch up forms must be completed annually. For questions, please contact a UVM Benefit Advisor at hrinfo@uvm.edu.

3. Deferral Election

I get paid: Semi-Monthly (twice a month) Bi-Weekly (every other week)

Payroll Date to begin my salary deduction (MM/DD/YYYY): _____ (see payroll schedule and benefit form deadlines)
Found on the UVM HR/Benefits website

_____ Before Tax Reduction _____% (minimum 2% for Staff and 3% for Faculty) **IMPORTANT – See Section 5 for Details**
I elect to reduce my total compensation by the above before-tax percentage per pay period.
NOTE: If you wish to make a salary reduction of more than 75% of your total compensation, please discuss with a [UVM Benefit Advisor](#) and obtain their signature prior to submitting this paperwork to Human Resources.

_____ After Tax (ROTH) Reduction _____%

NOTE: Upon your eligibility, UVM will contribute to your pre-tax plan only, if enrolled in a UVM account.

4. Retirement Vendor Election and Distribution

Vendor	Distribution
Fidelity Investments	%
TIAA	+ %
TIAA (GSRA– employee only contributions)	+ %
= 100 %	

For Human Resources Use Only

HR Info Team Verification

Initials: _____

Date: _____

Benefit Advisor Verified

Initials: _____

Date: _____

PS Entry

Initials: _____

Date: _____

Signature required on page 2



5. Election Deferral Responsibility

Before deferring money to a voluntary retirement account, all benefit premiums must be paid from your income each payroll. UVM does not monitor employee's accounts for sufficient funds to defer to voluntary Retirement Account(s). You are responsible for continually monitoring your pay, taxes, and benefit deductions, to determine what you have left for sufficient funds to defer to your 403(b) and for making adjustments (by completing a new 403(b) form) accordingly.

This Salary Reduction Agreement will remain in effect until you change or stop your deductions by completing a new Salary Reduction Form. All salary reduction agreements will terminate upon your termination of employment with UVM. It is important to read the UVM [403\(b\) Retirement Savings Plan Document](#), found on the [Human Resources Benefits Website](#), prior to signing this Salary Reduction Agreement.

I understand that it is my responsibility, and I agree to monitor my income, benefit premium deduction amounts, and FICA status changes to determine that I have sufficient income to fund my 403(b). I understand that if I don't have sufficient income to fund my 403(b), as I've elected in section 3, the UVM benefit department may reduce my deferral percentage amount, without prior notification to me, to an amount that will allow for all my benefit premiums to be covered prior to funding my 403(b). I further understand that my deferral will stay at the reduced amount, until my salary and/or FICA status changes and I complete a new 403(b) Participation Agreement.

I understand Salary Reduction 403(b) Plan ("the Plan") benefits are only payable (1) upon retirement or separation from the University of Vermont service; (2) due to death; (3) for an unforeseeable hardship as defined in the Plan document or (4) for an in-service distribution (over age 59 1/2 years of age). I acknowledge and affirm that I understand the terms, provisions and conditions thereof: which terms, provisions and conditions are hereby incorporated into this Participation Agreement and constitute my entire rights and obligations under the Plan. I understand the Plan is administered in accordance with Section 403(b) of the Internal Revenue Code and any applicable regulations. I acknowledge that as a Participant, I am solely responsible for any investment gain or loss, charge or expense of any kind under this Plan, by virtue of my account upon which benefits under the Plan are based.

I agree that neither the University of Vermont, my Employing Agency, nor the Vendors represent or guarantee any tax consequence that may or may not occur as a result of my participation in this Plan, and I shall be responsible to consult with and rely upon my own legal, accounting or other representative concerning all questions about tax and investment consequences arising from my participation in this Plan.

I understand participation in this Plan is voluntary. In return, heirs, my successors and I hold harmless the University of Vermont, my Employing Agency, its employees, officials, assignees, and successors from any and all liability for all acts carried out in good faith.

Signature

Date