



**Salary Reduction Agreement**

**A. Employee Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (City, State, and Zip): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Last 4 Digits of SSN or ITIN: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Administrator/Certified or Classified: \_\_\_\_\_

**B. Account Status**

Check One –  New Plan Enrollment  Change  Termination

Check One –  403(b) Plan  Roth 403(b) Plan  457(b) Plan  Roth 457(b) Plan

**C. Pre-Tax Contributions**

So I may obtain the benefits of Section 403(b) or Section 457 (b) of the Internal Revenue Code 1986, as amended, I request that my salary be reduced by the amount below by authorizing Topeka Public Schools to deduct said amount from my compensation, and that this reduction be applied to my Horace Mann Retirement Advantage™ retirement account.

Beginning (mm/dd/yyyy) \_\_\_\_\_, please reduce my salary as follows:

for my 403(b) plan, reduce my salary by \$ \_\_\_\_\_ per pay period

for my 457(b) plan, reduce my salary by \$ \_\_\_\_\_ per pay period

**D. Designated Roth Contributions** (if available under the applicable plan)

Beginning (mm/dd/yyyy) \_\_\_\_\_, please reduce my salary as follows:

for my Roth 403(b) plan, reduce my salary by \$ \_\_\_\_\_ per pay period

for my Roth 457(b) plan, reduce my salary by \$ \_\_\_\_\_ per pay period

**E. Employee Authorization**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

This Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an Eligible Employee under the Plan, or until I provide my Employer with a request to end my salary reduction contributions, or I provide a new Salary Reduction Agreement as permitted under my Employer's Plan.

\*Please see reverse side for more important information.

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Plan Sponsor Signature

\_\_\_\_\_  
Date

## EMPLOYEES ELECTION PERTAINING TO RETIREMENT SAVINGS ACCOUNTS

By completing, signing and submitting the preceding Salary Reduction Agreement (hereinafter "Agreement"), you, an employee of Topeka Public Schools (hereinafter "Employee"), affirm the following:

1. Employee voluntarily agrees to and desires to participate in 403(b) and/or 457(b) plans adopted for employees of district;
2. Employee contracts with and authorizes Unified School District No. 501, Shawnee County Kansas (hereinafter "District"), to reduce Employee's compensation in the specified amount to be contributed to 403(b) accounts and/or 457(b) public employee deferred compensation plans as permitted under section 403(b) or section 457(b) of the United States internal revenue code, established for the benefit of such employees, pursuant to Kansas law;
3. This Agreement replaces any earlier agreement and will remain in effect as long as employee remains an Eligible Employee under the Plan, or until employee provides the District with a request to end the salary reduction contributions, or a new Salary Reduction Agreement is provided as permitted under the District's Plan;
4. A future employment agreement and/or contract is a condition precedent to the viability of this Agreement and that contributions to the tax sheltered be made by the district only from funds arising under a salary reduction agreement in accordance with the provisions of the United States Internal Revenue Code and the applicable Kansas statutes.
5. This Agreement applies to any current employment agreement and shall apply to subsequent employment contracts unless revoked or superseded;
6. Upon separation of Employee from employment of the District, regardless of reason or cause, the District shall be relieved from all obligations under this Agreement and all rights to the said annuity contract shall belong to and become the property of Employee;
7. Employee agrees to abide by the rules and regulations of the 403(b) and/or 457(b) plans of the District as heretofore adopted or hereafter amended; and
8. Employee agrees to sign any and all necessary documents and furnish all information necessary to cause the issuance of said account and/or plan and should Employee fail to make such designation then the District shall be relieved from further responsibility and this Agreement shall thereupon automatically become null and void.

### Additional Important Information

1. New Plan Enrollment - The District allows new 403(b) and/or 457(b) enrollments on a monthly basis. Required documentation for new salary deferrals must be received prior to the 15th day of each month in order for the plan to be in effect the first pay period of the following month. Ref. Board Policy 4240/Reg.4240-1
2. Change or Termination – A change to an existing salary deferrals may be done monthly. Required documentation for a change request must be received prior to the 15th day of each month in order for the change to be effective the first pay period of the following month. Ref. Board Policy 4240/Reg.4240-1