

Name: _____

StartPayPeriod: _____

Z-Number _____

EndPayPeriod: _____

STOCKTON UNIVERSITY

SALARY REDUCTION AGREEMENT AND CARRIER ELECTION AND ALLOCATION FORM

It is hereby agreed by and between _____ (employee) and Stockton University (employer) that .82.60E.928(05).82 6spe2.998 (emc.004 (t))TJ ET Q q 0 0 612 792 re W* n BT /TT0 11.04 Tf 12278

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but will not exceed the statutory exclusion allowance of the Internal Revenue Code.

Select the Vendor(s) with which you want your contributions invested and the percentage to be allocated to each vendor

| Selection Code (HR Office Only) | | | | | Carrier | Pre-Tax Reduction Percent | Post-Tax Reduction Percent | Goal Amount |
|------------------------------------|------|------|------|--------------|---------|---------------------------------|----------------------------------|----------------|
| ABP | PERS | PFRS | ABP | PERS | | | | |
| PRE | PRE | PRE | POST | PFRS POST | | | | |