

**UW HOSPITAL & CLINICS
 SALARY REDUCTION AGREEMENT (SRA)
 FOR
 TAX SHELTERED ANNUITIES**

***** Do not submit the Salary Reduction Agreement before you establish a TSA account***
 Send the application to open an account and this SRA to Human Resources**

NAME : LAST	FIRST	MI	EMPL ID:
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I request that my salary be modified to allow for the purchase of a 403(b) supplemental retirement benefit on my behalf. **This agreement replaces any previous salary reduction agreement on file.**

This salary reduction agreement is legally binding and irrevocable with respect to amounts earned while the agreement is in effect. Contributions can only be made from wages paid after the effective date of the agreement and will continue as specified above unless terminated or modified.

I understand that the UW Hospital and Clinics Authority is empowered to continue existing and enter into new salary reduction agreements with UWHC employees pursuant to Section 403(b) of the Internal Revenue Code. I am aware that I am responsible for making my own investment decisions and monitoring these investments. The UW Hospital and Clinics Authority will in no way be held liable for gains or losses that are incurred in my account(s).

Deferrals -Indicate a flat dollar amount OR a percentage of your gross income, **per pay period.**

Remit To:	I have a UWHC TSA Account with this company. Circle One	*The Sum of:		
TSA Vendor	Yes No	\$	or	%
TSA Vendor	Yes No	\$	or	%
TSA Vendor	Yes No	\$	or	%
TSA Vendor	Yes No	\$	or	%
TOTAL:		\$	or	%
Date (Mo/Day/Yr)	Signature			

To Be Completed By UWHC Human Resources Service Center				
DATE RECEIVED	REDUCTION COMMENCES WITH PAY PERIOD	PAYCHECK RECEIVED BY EMPLOYEE ON	UWHC BENEFIT REP. INITIALS	PS INPUT DATE