



Diocese of Santa Rosa
403(b) Retirement Plan

Employee 403(b) Contribution Election Form and Compensation Reduction Agreement

Employee Name _____

Employee Address _____

Employee Social Security Number _____

I authorize my compensation to be reduced by the amount set forth below for each pay period during the calendar year (or during such portion of the year as remains after the date of the agreement).

403(b) Plan: Diocese of Santa Rosa 403(b) Employee Contribution Plan
Plan Custodian: One America

Compensation reduction amount per paid period: \$_____ or percentage _____%.

Starting with the payroll period of: _____.

I understand that the above amount or % will be withheld from my compensation and deposited in my account at OneAmerica each pay period.

Signed

Date

The contribution amount is subtracted from gross pay. Since your payments are made pre-tax, you may experience a slight reduction in Social Security benefits, once you are eligible to receive them.

**THIS FORM MUST BE FILED WITH YOUR LOCATION'S PAYROLL DEPARTMENT
IF YOU CHOOSE TO PARTICIPATE**