



**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 \_\_\_\_\_%.

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**