



State Board of Education Tax Deferred 403(b) Plan
Salary Modification Agreement

Initial Authorization _____ Amendment _____ Cancellation _____

By this agreement, made between _____, (employee)
and Lewis-Clark State College, we agree as follows:

Effective for salary paid on or after _____, the employee's salary will be reduced each pay period by the amount indicated below. The employee is responsible for determining that the amount of the total salary reduction does not exceed the amount permitted under the Internal Revenue Code 402(g).

This agreement supersedes any and all previous agreements. The following indicates the **TOTAL** salary reduction for this employee from the date shown above to the indicated plans:

Tax Deferred 403(b) Plan approved vendor choices & bi-weekly deduction amount:

TIAA	\$ _____	AIG	\$ _____
Fidelity Funds	\$ _____	Vanguard Funds	\$ _____
American Funds	\$ _____	Waddell & Reed	\$ _____

Note: Other tax deferred plans (401(k), 457) may be available to employees. Contact Human Resource Services for additional information.

This agreement shall continue until amended or terminated by the employee or until the employee terminates from LCSC.

Employee Signature

Date

Employee Printed Name