

**Lyons Township High School District 204**  
 Salary Reduction Agreement for 403(b)  
 2010

**EMPLOYEE INFORMATION:** Read information on page 1 before completing form.

Last Name	Middle Initial	First Name	Date
Employee Number	Social Security #	Birth Date	Age
Address	City	State	Zip Code
Position	Current Salary	Number of Years Working for District 204	

**CONTRIBUTION INFORMATION:** All 403(b) Tax Shelter Annuity deductions will be taken from **20** pay periods.

Staff Categories	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
All Teachers	2	2	2	2	2	2		1	1	2	2	2	20
20 Pay Classified	2	2	2	2	2	1		1	2	2	2	2	20
All Other Staff	2	2	2	2	2	2			2	2	2	2	20

I am utilizing the IRS 402g (an additional \$3,000 per year) catch-up. Check Here:

Please check the appropriate line: I would like to Start, Continue or Discontinue my 403(b) deduction.

Start \_\_\_\_\_ Continue \_\_\_\_\_ Discontinue \_\_\_\_\_

**Regular 403(b) Deduction:**

Service Provider	Amount per Pay	Number of Pays	Annual Amount

**Roth 403(b) Deduction:**

Service Provider	Amount per Pay	Number of Pays	Annual Amount

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this Program, and I request the Employer take the actions specified in this agreement.

Employee Signature: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_