

Name: \_\_\_\_\_

StartPayPeriod: \_\_\_\_\_

Z-Number \_\_\_\_\_

EndPayPeriod: \_\_\_\_\_

# STOCKTON UNIVERSITY

## SALARY REDUCTION AGREEMENT AND CARRIER ELECTION AND ALLOCATION FORM

It is hereby agreed by and between \_\_\_\_\_ (employee) and Stockton University (employer) that .82.60E.928(05).82 6spe2.998 (emc.004 (t))TJ ET Q q 0 0 612 792 re W\* n BT /TT0 11.04 Tf 12278

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but will not exceed the statutory exclusion allowance of the Internal Revenue Code.

Select the Vendor(s) with which you want your contributions invested and the percentage to be allocated to each vendor

Selection Code (HR Office Only)					Carrier	Pre-Tax Reduction Percent	Post-Tax Reduction Percent	Goal Amount
ABP	PERS	PFRS	ABP	PERS				
PRE	PRE	PRE	POST	PFRS POST				