

Campus Child Care, Inc.

8 Story Street, Suite B70

Cambridge, MA 02138



2025

403(b) RETIREMENT SALARY REDUCTION AGREEMENT

Employee Name: _____

**ROTH AND
TRADITIONAL
OPTIONS**

As of this day, (Please check below.)

_____ I choose to participate in the traditional (pre-tax) Campus Child Care, Inc. Retirement Plan.

_____ I choose to participate in the Roth Option of the Campus Child Care, Inc. Retirement Plan

I request Campus Child Care, Inc. reduce my taxable wages as follows (**select one**):

_____ Starting at the next payroll **OR** _____ **Other:** _____
_____ Starting at an alternative date: _____

by (**select one**): \$ _____ Per pay period. **OR**

_____ Percent of my taxable compensation **OR**

\$ _____ Maximum annual amount
(For 2025: \$31,000 if age 50 or over; \$23,500 if under age 50)

Note: These maximum contribution amounts, as defined by the IRS, are subject to change annually.

Please note that your contribution may equal no more than 75% of your compensation.

This agreement replaces all previously submitted SALARY REDUCTION AGREEMENTS. The amounts reduced from my wages shall be paid over by Campus Child Care, Inc. to Principal.

If the percent or amount of contribution I have elected shall exceed at any future time any limitation imposed by the Internal Revenue Code, I understand that my plan contributions will automatically be reduced to a level that satisfies such limitation.

I understand that if I have contributed to a retirement plan through another employer during any fiscal year, that the combined amounts contributed cannot exceed the maximum contribution amounts defined by the IRS.

I also understand that I can only change this agreement or enter a new agreement once a calendar quarter. However, I may cancel the agreement prior to the start of a pay period so that future wages will not be reduced.

This agreement will remain in effect until canceled by me, or changed in a subsequent calendar quarter.

Date

Employee Name

Employee Signature