

Campus Child Care, Inc.

8 Story Street, Suite B70
Cambridge, MA 02138



2023

403(b) RETIREMENT SALARY REDUCTION AGREEMENT

**ROTH AND
TRADITIONAL
OPTIONS**

Employee Name: _____

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 2022: \$26,000 if age 50 or over; \$19,500 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 TIAA-CREF.

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