

Election Type: New _____ Change _____

I, _____, authorize my employer, the University of South Florida, to deduct from my basic salary:

Flat amount of \$ _____ each bi-weekly pay period

OR

Percentage of compensation _____% each bi-weekly pay period

Effective on or after _____ and shall continue **indefinitely** until amended or terminated by either party.

This deduction will be transmitted by my employer to _____
(Name of Company)

to be deposited in an existing Group Supplemental Retirement Annuity which I have established. This deduction will continue until I complete a new Salary Reduction Agreement or until I meet the IRS general limits for the calendar year. Should I reach the IRS maximum contribution limits, I understand that the payroll deduction will be stopped for the remainder of the calendar year and will commence again on January 1st.

Return this form to the USF Human Resources Benefits Office located in SVC 2172 or fax to 974-5227 for processing. Questions concerning IRS limits can be directed to the HR Benefits Office at 813-974-2970.

(Signature of Employee)

(Date)

(Employee ID #)

(Benefits Representative)