

Music Institute of Chicago

Agreement for Salary Reduction Under Section 403(b)

BY THIS AGREEMENT, made between _____ (the Employee)
(please print)
and The Music Institute of Chicago (The "Institution"), we agree as follows:

Effective for amounts paid after _____, 20____, which date is subsequent to the
(Enter today's date)
execution of this Agreement, the Employee's salary will be reduced by the amount(s) and/or rate(s)
indicated below.

This Agreement shall be legally binding and irrevocable for both the Institution and the Employee while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month (or pay period, if applicable) by giving at least 30 days written notice.

The 2018 maximum yearly contribution an employee may make to a 403(b) plan such as the following two MIC plans is \$18,500.

- (1) **DC - Defined Contribution Plan Matching Plan (Plan #385472) Full-Time Employees are Eligible.**
(Eligibility begins the first of the month after completion of one year of employment.)

Place an "X" on the line below to indicate your desire to enroll in the MIC Defined Contribution Plan at the contribution rate of *3% of your annual gross salary.

_____ 3% of annual gross salary

***MIC will match 1.5% when an employee contributes 3% to this plan.**

- (2) **TD - Tax Deferred Annuity Plan Supplemental Plan (Plan #385471) All Employees are Eligible.**
(Eligibility begins the first of the month following 30 days of employment.)

In the space below, indicate your desire to contribute *either* a percentage of your annual gross salary or a certain dollar amount per pay period.

The amount of my salary reduction shall be: **(Check only one)**

_____ % of annual gross salary, *or*

\$ _____ per pay period.

For **Employees age 50 or over**, an additional "catch-up" contribution shall be:

*\$ _____ per pay period

*This amount must not exceed the statutory limitation under IRC Section 414(v). **The 2018 limit is \$6,000.**

Signed this _____ day of _____, 20____. _____
(Employee Signature)

By _____
(MIC Administrator Name) (Title)