

403(b) Retirement Plan – PT Faculty ENROLLMENT – Guidelines

STEP 1 – PLAN HIGHLIGHTS

Who is Eligible to make Employee Contributions to the Plan?

Employees who are Part-Time Faculty, represented by UPTF AFT Local 477, AFL-CIO

Who is Eligible to receive Employer Contributions to the Plan?

Any represented PTF member who meets all of the following conditions:

- A.) Is age 26 or older,
- B.) Has completed two consecutive years of employment at the university with each year of employment consisting of teaching during at least two of the three academic-year terms and
- C.) Has a reasonable expectation of employment in the future.

STEP 2 - SALARY REDUCTION AGREEMENT FORM

You must complete a **WSU 403(b) Retirement Plan Salary Reduction Agreement for PT FACULTY ONLY** and return it to the HR Service Center. This form authorizes your payroll deduction. Your payroll deduction cannot be processed until you have also completed the Enrollment with an Investment Carrier (see Step 3).

HR Service Center, Suite 3638 A/AB, 5700 Cass Ave, Detroit, MI 48202
 Send to - Fax: (313) 577-0637 or Email: askhr@wayne.edu

STEP 3 - ENROLLMENT WITH INVESTMENT CARRIER

403(b) Retirement Plan CONTACT INFORMATION

There are several ways to get help or information about the 403(b) Plan, as shown on the chart below. Individual Consultants from the Investment Carriers regularly come to the WSU campus to hold appointments and meet with employees.

	TIAA	Fidelity Investments
Website (to create account)	http://www.tiaa-cref.org/wayne	www.netbenefits.com/waynestateuniversity Plan Number 52864
Telephone help	Call 1-800-842-2252 Mon through Fri 8AM to 11PM EST Sat and Sun 9AM to 6PM EST --Enter 0 for live person	Call 1-800-343-0860 Mon through Fri 8AM to 12AM EST --Enter 0 for live person
Face-to-face counseling	You can make an appointment via the website at: www.tiaa-cref.org/moc or you can call 1-800-732-8353 Mon through Fri 8AM to 6PM EST	You can make an appointment via the website at: www.getguidance.fidelity.com or you can call 1-800-642-7131 Mon through Fri 8AM to 12AM EST



403(b) Retirement Plan Salary Reduction Agreement - FOR PART-TIME FACULTY ONLY

PRINT NAME (Last, First Middle Initial):	
Banner ID:	E-mail Address:

Section 1

<input type="checkbox"/>	NEW ENROLLMENT: I have completed the online enrollment My Date of Hire is (MM/DD/YYYY) _____ TIAA: _____ Fidelity _____ My Date of Birth is (MM/DD/YYYY) _____
<input type="checkbox"/>	CHANGE: Complete section 2

Section 2 Employee Contribution Election

BASE RETIREMENT PLAN	I request to make Employee Contributions of _____ % (whole percentages) each pay date and allocate these to the following Investment Carriers: _____ % TIAA _____ % Fidelity _____ % Total
-----------------------------	---

Section 3 University Contribution Election

I elect to have my University Contributions applied to the below investment carrier (Please select only one) I understand these contributions will only be received should I be a member and meet the requirements defined in the UPTF AFT Local 477, AFL-CIO collective bargaining agreement. _____ TIAA _____ Fidelity
--

Section 4 AGREEMENT - I understand and agree to the following terms and conditions:

I am a Part-Time Faculty employee of Wayne State University, represented by UPTF AFT Local 477, AFL-CIO, and in order to receive university contributions I must be a represented PTF member who is age 26 or older and have completed two consecutive years of employment at the university with each year of employment consisting of teaching during at least two of the three academic-year terms and have a reasonable expectation of employment in the future.

This Salary Reduction Agreement affects contributions from my pay checks on dates after this Agreement is received by the HR Service Center. I understand that contributions will not be retroactive.

The amount of by which my WSU earnings may be reduced is subject to limitations in Sections 402(g) and 415 of the Internal Revenue code. For employees age 50 and over, this amount will include any additional catch-up contributions permitted under IRC 414(v).

This Salary Reduction Agreement will remain in effect until I complete a new agreement or until it is determined that this salary reduction will cause me to exceed the plan limits on contributions.

I understand that once I enroll and start contributing to the Plan, in order to change, stop or restart my Employee Contributions, I must complete a new 403(b) Salary Reduction Agreement.

This Salary Reduction Agreement shall be legally binding while my employment continues; however, either party may terminate or otherwise modify this Agreement. The University may lower or cancel my contributions to keep my contributions within the limits of the Internal Revenue Code.

Signature:	Date:
-------------------	--------------