

457(b) PLAN SALARY REDUCTION AGREEMENT

CONTRIBUTION LIMITS

Your contributions, and the College's contributions, are subject to IRS regulations. Your salary reduction amount cannot exceed the lesser of the dollar limits in the chart below or 100% of your pay.

Contribution Limit*

2017 \$18,000

* This contribution limit is subject to cost-of-living adjustments.

I am electing my investment choice for 2017 as TIAA-CREF.

ELECTION OF SALARY REDUCTION

I instruct Geisinger Commonwealth School of Medicine to deduct \$_____ from my pay (regular bi-weekly pay ---- 26 regular pays on an annualized basis)on a ____ pre-tax or ____ post-tax basis each pay period for investment in my 457(b) Plan account. (In the space provided, enter a dollar amount as permitted by the plan as described in the Plan highlights). To decline participating enter \$0.

EMPLOYEE AUTHORIZATION

This Salary Reduction Agreement is legally binding during your employment period. Either Employee or Geisinger Commonwealth School of Medicine may terminate this Salary Reduction Agreement and may do so only in writing. No more than one Salary Reduction Agreement per 457(b) Plan is allowed in effect at any given time.

This Salary Reduction Agreement is your sole responsibility. You are responsible for the salary reduction election. You hereby release Geisinger Commonwealth School of Medicine from any and all liabilities incurred by the implementation of this Salary Reduction Agreement. Geisinger Commonwealth School of Medicine advises you obtain expert financial or tax advice prior to completing this Salary Reduction Agreement.

This Salary Reduction Agreement replaces any existing salary reduction agreement(s) between you and Geisinger Commonwealth School of Medicine.

Employee Signature: _____ Date: _____

Employee Identification #: _____

Phone Extension: _____ Employee Birth Date: _____

Received by Human Resources on : _____