

## U-M BASIC RETIREMENT SAVINGS PLAN

### Enroll in the Two-for-One Matching Contribution and Cancel the Reduced Benefit Option

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#### OVERVIEW

Use this form to contribute 5% of your eligible salary and receive a university contribution of 10% of your eligible salary in the Basic Retirement Savings Plan. The employee contribution for staff of Michigan Medicine, excluding the Medical School, is 4.5% and the university contribution is 9%.

You must meet all of the following criteria in order to use this form:

1. You are a compulsory participant in the Basic Retirement Savings Plan (you are age 35 or older, with two or more years of service and have a 100% appointment effort); and,
2. You are currently participating in the Reduced Benefit Option: on earnings below the FICA wage base you do not contribute and U-M contributes 5% instead of 10% (4.5% for employees of Michigan Medicine); and,

#### INSTRUCTIONS

Complete and return the attached *Salary or Annuity Option Plan Agreement* to the address or FAX listed to authorize your contribution and the two-for-one university match.

All contributions to the Basic Retirement Savings Plan will continue to be sent to TIAA and/or Fidelity Investments as currently allocated. You may change this using Wolverine Access.

You can save more for retirement by contributing to the 403(b) Supplemental Retirement Account (SRA) and/or the 457(b) Deferred Compensation Plan.

#### Information on Compulsory Participation

[hr.umich.edu/retirement-savings-plans](http://hr.umich.edu/retirement-savings-plans)

**TV**  
**Salary or Annuity Option Plan Agreement**

For Tax-Deferred Retirement Plan Contributions at the University of Michigan  
Print all information in black ink.

<b>For Internal Use Only</b>
Event Date: _____
Input Elections: _____

**Basic Retirement Savings Plan**  
**Enroll in the 2-for-1 Matching Contribution and Cancel the Reduced Benefit Option**

**1. Faculty or Staff Member Information**

<b>Name (Last, First, Middle Initial)</b>	<b>UMID</b>	<input type="checkbox"/> Monthly paid <input type="checkbox"/> Bi-weekly paid
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**2. Tax Deferring Agreement and Signature**

I understand I use this form to authorize tax-deferred 403(b) and 401(a) contributions to be contributed from my salary to a retirement account on my behalf. I understand that the amount of my contribution will be equal to 5% of my eligible University of Michigan compensation and the University contribution will be 10%. If I am subject to a collective bargaining agreement, the contribution rate will as specified in the agreement. I understand that effective January 1, 2015 if I am subject to the Paid Time Off Leave Policy of the University of Michigan Hospitals and Health Centers and the Office of the Executive Vice President for Medical Affairs my contribution will be equal to 4.5% of my eligible University of Michigan compensation and the University contribution will be 9%. If I remain continuously eligible for participation in the Basic Retirement Savings Plan as an employee of the University of Michigan, but my position changes so that I either (i) become, or (ii) cease to be, subject to the Paid Time Off Leave Policy, my participation will continue and my contribution and the University contribution will automatically change to the applicable rates (i.e., (i) 4.5%/9% or (ii) 5%/10%). If I hold more than one appointment concurrently with the University of Michigan that makes me eligible for more than one contribution rate schedule, the contribution rate for all eligible compensation will be as specified in any applicable collective bargaining agreement to which I am subject. If I am not subject to a collective bargaining agreement but I am eligible for the Paid Time Off Leave Policy then the contribution rate that shall apply to all eligible compensation will be equal to 4.5% of my eligible University of Michigan compensation and the University contribution will be 9%. Otherwise, my contribution will be equal to 5% of my eligible University of Michigan compensation and the University contribution will be 10%. Contributions will be sent to TIAA and/or Fidelity Investments as currently allocated although I may change this. I understand and agree to the terms and conditions of this salary reduction agreement, including the amount of the salary reduction, effective date, and allocation of investment carrier(s) with respect to my University of Michigan compensation and my tax-deferred 403(b) and/or 401(a) account(s). This Agreement is legally binding and irrevocable between the University of Michigan and myself. If the University of Michigan modifies future versions of this Agreement to comply with federal law or regulations, I agree that this Agreement shall be administered according to such modified Agreements. I agree to hold harmless and indemnify the University of Michigan for any and all liability and expenses by it as the result of any misstatement or omission made by me in this Agreement. This Agreement revokes any previously signed Agreement. This salary reduction agreement is covered under and shall be interpreted consistent with U.S. Treasury Regulations. This Agreement will generally become effective with respect to University of Michigan compensation paid on or after the date I sign it and the Benefits Office approves it. Canceling this Agreement will generally result in the cessation of University of Michigan and staff member contributions. During the year, the Benefits Office will lower or suspend my contribution if my salary reduction will cause me to exceed the Internal Revenue Code (IRC) 402(g), 401(a)(17), and/or 415(c) limits. If my contribution is lowered or suspended to keep me within IRC limits, my elected amount will generally resume the following year. If I participate in another tax-deferred plan outside the U-M, I need to contact a tax advisor to ensure I do not exceed IRC limits. University contributions in the Basic Plan cannot be withdrawn or rolled over until I have terminated employment and I am age 55 or older. My contributions to the Basic Plan cannot be withdrawn or rolled over until I terminate employment. Hardship and disability withdrawals and loans are not available from the Basic Plan. I understand the Basic Retirement Plan and the 403(b) Supplemental Retirement Account (SRA) are two separate and distinct plans and that enrollment or elections in one plan will not affect my enrollment and elections in the other. I understand that it is my responsibility to monitor my enrollment in these plans and that I may need to reenroll in the Basic Retirement Plan and/or 403(b) SRA due to my changes in eligibility for these plans.

\_\_\_\_\_  
Signature of Faculty or Staff Member

\_\_\_\_\_  
Date Signed



**Questions?**

Visit the U-M Retirement Savings Plan website at: [hr.umich.edu/retirement-savings-plans](http://hr.umich.edu/retirement-savings-plans) or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance within the U.S.), Monday through Friday from 8 a.m. to 5 p.m.

**How to Return Your Signed and Completed Form**

**By FAX**

Fax it to **734-763-0363**  
Keep a copy of the fax transmission report with your form in your records.

**By Mail**

Make a copy for your records and send the original by **Campus Mail or U.S. Mail to:**  
SSC Benefits Transactions  
Wolverine Tower  
3003 South State Street  
Ann Arbor, MI 48109-1276