

403(b) Salary Reduction Contribution Eligibility Notification

I have been notified that I am eligible to participate in the Tax Exempt Employer 403(b) Salary Reduction Program. I have received a listing of the participating vendors and should I choose to participate, I will personally contact the vendor to complete a Salary Reduction Agreement. The completed Salary Reduction Agreement will be mailed to the Alloway Township Board of Education Office.

Name: _____

Signature: _____ Date: _____

Date of Hire: _____