

State of New Jersey • Department of the Treasury DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU P.O. Box 295, Trenton, NJ 08625-0295

ALTERNATE BENEFITS PROGRAM (ABP) – SALARY REDUCTION AGREEMENT

Name	First	Middle	
Social Security Number	ABP Number		
Address	City	State	Zin Codo
Street Phone Number	City	State	Zip Code

The above named employee and the State of New Jersey agree that the employee's eligible earned base biweekly salary will be reduced by voluntary contributions beyond those required by the Alternate Benefit Program (ABP). The amount of reduction shall be ______ percent and will take effect on or after the first day of ______, 20____. This reduction shall not exceed the employee's statutory exclusion allowance under Section 403(b) or the limitations of Section 415 of the Internal Revenue Code. The additional voluntary contributions will be allocated in the same manner and proportion as the mandatory contributions.

This agreement shall be legally binding as to each of the parties hereto while employment continues; provided that either party may terminate this agreement as of the end of any month, so that it will not apply to salary subsequently earned, by giving at least 30 days written notice of the date of termination; and provided further, that no more than one agreement for such salary reduction may be made within any taxable year.

I request a(n) \Box Initial Reduction \Box Subsequent Reduction

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Emp	Employee Signature	
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Print Certifying Officer Name	Signature	Date
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Certifying Officer Phone Number

Note: The requested change will be implemented approximately 30 days after receipt of this form by the New Jersey Division of Pensions & Benefits.

Mail the completed form to:

New Jersey Division of Pensions & Benefits Alternate Benefits Program P.O. Box 295 Trenton, NJ 08625-0295