2021 SALARY REDUCTION AGREEMENT
The George Washington University 457(b) Deferred Compensation Plan

GWID: ___________________________ Daytime Phone: __________________
Name: ___________________________ E-mail Address: __________________

Enrollment: 457(b) Deferred Compensation Plan

☐ Initial Enrollment  ☐ Change

I wish to participate in the George Washington University 457(b) Deferred Compensation Plan.

I understand that the amount that I contribute cannot exceed the maximum annual contribution limit as defined by the Internal Revenue Code. For calendar year 2021 the maximum contribution is $19,500.

☐ I authorize the University to reduce my regular earnings by ____________%.

☐ I am electing a fixed dollar amount of $____________ per pay period. (Please note your pay period may be biweekly or monthly. The amount entered above will be applied to each paycheck.)

☐ I elect to defer the maximum amount ($19,500) for the calendar year and authorize the university to increase my contribution as necessary each year so that I always defer the maximum amount. (Please note the maximum contribution amount will be divided equally over the number of pay checks you are expected to receive during the year, based on the pay schedule of your primary position.)

I understand that unless I request otherwise, reductions will begin the later of 1/1/2021 or the 1st day of the month following receipt of this form by GW Benefits.

Signature: ___________________________ Date: ___________________________

Cancellation

☐ I wish to cancel my existing salary reduction agreement. I understand that this cancellation will be effective the later of 1/1/2021 or the 1st day of the month following receipt of this form by GW Benefits.

Signature: ___________________________ Date: ___________________________

GW Benefits
hr.gwu.edu/benefits
phone: 571-553-8382 | email: benefits@gwu.edu | fax: 571-553-8385