

## COLORADO PERA

Salary Reduction Agreement for 401 (k)

Effective Month:		Effective Year:	
This form must be received by the 10th to be processed for the "Effective Month" indicated.  Name: CSU ID:			
		CSO ID:	
Email Address:		Phone Number:	
Employee Type:			
☐ Academic Faculty/Administrative Professional/Post Doctoral Fellow ☐ State Classified			
☐ Faculty Transitional		[	☐ Hourly
Doduction Fraguency			
Deduction Frequency Fixed % Amounts:			
□ Salaried			
□ 9-month assignment (September – April)			
☐ 12-month assignment			
☐ Summer session			
$\square$ Hourly (elect the % option to ensure that your contributions do not exceed total pay period wages)			
Fixed \$ Amounts:			
☐ Salaried			
☐ 9-month assignment (September – April)			
☐ 12-month assignment			
☐ Summer session			
Indicate Desired Change			
☐ Change my monthly <b>Traditional (pre-tax)</b> contribution to% OR \$(whole percentage) (whole dollars)			
☐ Change my monthly <b>Roth (after-tax)</b> contribution to% OR \$			
(whole percentage) (whole dollars)			
☐ Cancel my monthly contribution			
Employee Signature:			Date:
(electronic signature accepted)			
Submit this form directly to Human Resources			
Email: MyHR@colostate.edu Fax: (970) 491-6302	<b>In-Person:</b> 555 S Howes St Fort Collins, CO 8		Mail: 6004 Campus Delivery Fort Collins, CO 80523