

**UTAH TRANSIT AUTHORITY
457 DEFERRED COMPENSATION PLAN
VOLUNTARY SALARY REDUCTION AGREEMENT**

Employee Name _____ Employee Badge # _____

I hereby authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 Deferred Compensation Plan.

Pre-Tax Contribution of _____ % or \$ _____ (per pay period)

Roth After-Tax Contribution of _____ % or \$ _____ (per pay period)

Please check the applicable box(s) of your contribution level

Normal Contribution Limit of \$18,500 for 2018

Age 50 Catch-Up Contribution of up to \$6,000 more than the normal limit (\$24,500 maximum)

Special Pre-Retirement Catch-up of up to \$18,500 more than the normal limit (\$37,000 maximum)
Contact a Benefits Administrator to obtain the required paperwork

Effective Date

All contribution changes will be effective the first pay check of the calendar month following the date you submit this form, or as soon as administratively possible. Submit this form to the Benefits Administration Office.

Effective Date _____
(Paycheck Date)

ICMA-RC

Mutual of America

Signature of Employee

Date

Signature of Employer

Date