



**SALARY REDUCTION INFORMATION - Please attach appropriate documentation**

Employee Contribution to Retirement Savings \$\_\_\_\_\_ annually (pre-tax)  
This amount will be deposited into a qualified 403(b) program of the employee's choice

**A signed salary reduction agreement must be on file in the diocesan office**

Employee contribution of Medical Insurance **Premium** \$\_\_\_\_\_ annually (pre-tax)

Medical Flexible Spending (Reimbursement Account) \$\_\_\_\_\_ annually (pre-tax)

Dependent Care Flexible Spending (Reimbursement Account) \$\_\_\_\_\_ annually (pre-tax)

Health Savings Account Contributions (Reimbursement Account) \$\_\_\_\_\_ annually (pre-tax)

Short Term Disability Insurance \$\_\_\_\_\_ annually (**after tax**)

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**QUESTIONS:** Contact Tom Sumner (ext. 138) - 772-1953 or 1-800-244-6062; [tsumner@episcopalmaine.org](mailto:tsumner@episcopalmaine.org)

**These amounts must be verified by the Treasurer's Signature**.....

TREASURER'S NAME: .....

PHONE:.....

EMAIL:.....