



# FLSA – Employees Transiting to Hourly 403(b) & 457(b) Contribution Form

**Human Resources**  
2455 Presidential Dr., Suite 221  
Fairborn, OH 45324  
Tel: (937) 775-2120 Fax: (937) 775-3040  
Email: HR-Benefits@wright.edu

### Section 1: Employee Information

Last Name:	First Name, Middle Initial:	University ID:
Department:	Daytime Phone:	
Email Address:		

### Section 2: Contribution Election

Pay date <b>December 9, 2016</b> (Paid wages for Dec. 1 & 2, 2016)	Pay date <b>December 22, 2016 &amp; Future Paychecks</b> (Paid wages for Dec. 3 - 16, 2016)																								
<b>Account Type:</b> <i>Check one</i>  <div style="display: flex; justify-content: space-around;"> <span><b>403(b)</b></span> <span><b>457(b)</b></span> </div>	<b>Account Type:</b> <i>Check one</i>  <div style="display: flex; justify-content: space-around;"> <span><b>403(b)</b></span> <span><b>457(b)</b></span> </div>																								
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<b>Contribution amount for Dec 9<sup>th</sup> pay date <u>only</u>.</b>  \$	<b>Contribution amount for Dec 22<sup>nd</sup> and will be ongoing throughout 2017. Changes after Dec 22<sup>nd</sup> must be made through Retirement Manager.</b>  \$																								

### Section 3: Acknowledgment

I authorize Wright State University to withhold the above contribution amount(s) from my paycheck on the dates indicated above.

I acknowledge that after Dec. 22, 2016, I'm responsible to make all contribution changes through the Retirement Manager website <https://www.myretirementmanager.com/MYRM/>.

By signing this, I am indicating that I have read and understood the language in the Acknowledgement section of this form and that I agree to its terms.

Signature:	Date:
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