

HOW TO ENROLL ONLINE (read entire document before enrolling)

TO ENROLL ONLINE:

LOG IN TO: www.tiaa-cref.org/myretirementplan

Enter Plan/Access Code for the plan you wish to enroll in:

- **387177:** 403(b) DC (Defined Contribution) Retirement Plan (Matching)
- **387176:** 403(b) TDA (Tax Deferred Annuity) Supplemental Retirement Plan (contributions In addition to matching)

Click on

Seward County Community College 403(B) Plan

Right Hand Corner: GET STARTED

Click on: ENROLL NOW!

Before you enroll, have the following information available:

1. Your investment allocations, which you select from your http://enroll.tiaa-cref.org/ds10/inv_opt_home.html
2. Your Social Security number
3. Your beneficiary's Social Security number, birth date and address
4. Select a plan for which you are eligible and complete the enrollment (you can return here afterwards to enroll

Be sure to print the information and keep the log in and password for future use. You may change your allocations, change beneficiaries and transfer funds within TIAA-CREF with your log in and password.

Special Note: Enrollees are required to enter a physical address due to federal regulations. Employees living outside of Liberal, who do not receive mail delivery by the U.S. Postal Service to their physical address will need to use 1801 N Kansas Ave, Liberal KS 67901, then complete a change of address form located at the bottom of this document. Return form to Human Resources.

Do not want to use the college address, then a paper enrollment kit will need to be requested.

Call TIAA-CREF at 800 842-2888 toll-free,

Mon-Fri, 8 a.m. - 10 p.m. (ET) and Sat 9 a.m. - 5 p.m. (ET).

IMPORTANT:

If you participate, you must complete and submit a Salary Reduction Agreement form for your enrollment application to be processed.

Once you have completed your enrollment, complete and return to Human Resources. Form is located with this document.

HELP IS READY FOR YOU

If you need assistance with enrolling on line, please call TIAA-CREF at **800-842-2776**, Monday through Friday, from 8 a.m. to 10 p.m., and Saturdays from 9 a.m. to 6 p.m. (ET). TIAA-CREF will guide you through the process.

Your Maximum Allowable Contribution is the maximum amount you may contribute to your 403(b) plan during a given calendar year. Your limit may vary from year-to-year based on changes made by the IRS and your personal circumstances.

The base contribution rate for 2012 is: \$17,500 (Includes board approved matching amount of \$800)

Additional Contribution for age 50+ catch-up is: \$ 5,500

(Additional amount that employees who will be age 50 by the end of the taxable year can contribute.)

Additional Lifetime Catch-up is: \$ 3,000 per year, up to a lifetime catch-up limit of \$15,000

(Additional catch-up will be permitted for employees with 15 or more years of service with the employer. This additional catch-up limit, if permitted, requires the completion of a worksheet to determine eligibility.)

Seward County Community College/Area Technical School Agreement For Salary Reduction Under Section 403(b)

BY THE AGREEMENT, made between _____ (the "Employee") and Seward County Community College/Area Technical School, the parties hereto agree as follows:

Effective with respect to amounts paid on or after _____, 20____, which date is subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount indicated below. At the same time, the Institution will contribute a corresponding amount to the Employee's annuity contracts, which the Employee will allocate among the funding vehicles approved by the Institution.

This Agreement is legally binding and irrevocable for both the Institution and the Employee with respect to amounts paid while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month (or pay period, if applicable) by giving at least thirty days' written notice so that this Agreement will not apply to salary subsequently paid.

The amount of salary reduction shall be :

\$ _____, matching

\$ _____, supplemental contribution (any amount over the matching)

per fiscal year and will be deducted in equal payments for the remainder of the fiscal year. The reduction will produce a total Institution contribution that does not exceed the Employee's statutory exclusion allowance under IRC Section 403(b), or the limitations of IRC Section 415 or Section 402(g), whichever is least.

The matching amount designated above and the Institution's matching will be contributed by the Institution to TIAA-CREF.

Signed this date: ____/____, 20____

Signature of Employee

College ID Number

HR use only:

Seward County Community College

By _____, Director of Human Resources

SCCC/ATS Authorized Signature

ER _____ matching

EE share

_____ matching

_____ additional

Notes:

TIAA-CREF ADDRESS CHANGE

AUTHORIZATION TO CHANGE ADDRESS – Please complete and print all information

Date of Birth / /	Social Security Number		
First Name	Middle Initial	Last Name	
Old Address: Number and Street	Apt #	Contract/Policy Number Or *Disability File Number	
City	State	Zip Code	
New Address: Number and Street	Apt #		
City	State	Zip Code	
Effective Date of Change / /	Area Code ()	Telephone Number	
Participant's Signature			Date

Please list all you contract/policy Numbers or Disability File Numbers which relate to this address change.

*Are you now receiving group disability benefits or do you have an application for disability pending? Yes No

Mail form to :

**TIAA-CREF
730 3RD AVENUE
NEW YORK NY 10164-0129**