**SINCLAIR COMMUNITY COLLEGE**

**403(b) Tax Sheltered Annuities**

The table below lists the insurance companies that are approved to offer 403(b) tax sheltered annuities to Sinclair employees. Interested employees should contact one of the indicated insurance agents for assistance, and use the attached Salary Reduction Agreement Form to request a new 403(b) salary reduction arrangement or modify an existing arrangement.

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| **VALIC Retirement Services**  Michael F. Miller  8050 North High Street, Ste. #130  Columbus, OH 43235  Cell: 937-369-9460  Office: 614-436-4551  [michael.miller@valic.com](mailto:michael.miller@valic.com) | **Ameriprise Financial Services**  Chris Saul, Financial Advisor  9545 Kenwood Rd, Suite 200  Cincinnati, OH 45242-6100  Phone: 513-792-8026 or 800-684-1700  Fax: 877-669-6849  [chris.saul@ampf.com](mailto:chris.saul@ampf.com) ameripriseadvisors.com/chris.l.saul |
| **AXA Equitable**  Glynnis Reinhart  AXA Advisors, LLC  4000 Smith Road, Suite 300  Cincinnati, OH  45209  Phone: 513-762-7734 Cell: 513-382-5865  Fax: 513-762-7741  [Glynnis.Reinhart@axa-advisors.com](mailto:Glynnis.Reinhart@axa-advisors.com) | **Great American Life Insurance Co.**  301 East 4th St, 10th Floor  Cincinnati, OH 45202  Phone: 800-789-6771 |
| **Voya Financial Advisors, Inc.**  Tina M. Hohl, Investment Advisor Representative  Voya Financial Advisors, Inc.  10100 Innovation Drive, Suite 120  Miamisburg, Ohio 45342  Phone: 937-353-5494 / 513-335-3919. Or 800-451-4702 ext. 4025494  Fax: 937-847-2507  [tina.hohl@voyafa.com](mailto:tina.hohl@voyafa.com) | **ING ReliaStar Life Insurance Co.**  William Grizinski, MBA  33 Binkley Lane  Springboro, Ohio 45066  Phone: 937-748-1830; 800-800-1228  grizin@ameritech.net |
| **Lincoln Financial Group**  Randy Chin  Mobile: 260-416-9308  Fax: 260-455-9439  [randy.chin@LFG.com](mailto:randy.chin@LFG.com) | **Mass Mutual Financial Group**  Kevin Goins, Financial Planner  7755 Montgomery Rd., Suite 250  Cincinnati, OH 45236  Phone: 513-698-1326 Cell: 513-515-1286  Fax: 513-579-8574  [kevingoins@financialguide.com](mailto:kevingoins@financialguide.com) |
| **MetLife Premier Client Group**  Jennifer Funk  312 Elm St, Ste. 1485 Cincinnati, OH 45202  513-362-1414  [jfunk2@metlife.com](mailto:jfunk2@metlife.com) | **TIAA-CREF**  730 Third Ave  New York, New York 10017  212-490-9000 or 800-842-2733  Local: Matthew Gagnon  or  Randy Martinez  614-659-1025  [ramartinez@tiaa.org](mailto:ramartinez@tiaa.org) |

**A 457(b) Option Is Also Available to Supplement or Replace the 403(b) Option**

In addition to the 403(b) tax sheltered annuity option, College employees may elect to participate in the Ohio Public Employees Deferred Compensation Program (OPEDCP). This program, which is known as a 457(b) Plan, is very similar to (but not identical to) the 403(b) Plan. An employee can choose to participate in the 457(b) Plan in lieu of the 403(b) Plan. Or, an employee can choose to participate in both plans at the same time, effectively doubling his or her annual contribution limits.

**PLEASE NOTE:** Do not use the following Salary Reduction Agreement Form to sign up for the 457(b) Plan. OPEDCP has its own forms. For information contact:

**Ohio Public Employees Deferred Compensation Program**

257 E Town St Ste 457

Columbus, OH 43215-4623

1-877-644-6457

E-mail address:[Ohio457@Nationwide.com](mailto:Ohio457@Nationwide.com)

Internet address:<https://www.ohiodc.org>

**Click on the first fill-in form field, then use the Tab key or mouse cursor to continue.**

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| **SINCLAIR COMMUNITY COLLEGE 403(b) PLAN**  **SALARY REDUCTION AGREEMENT FORM** | | | |
| **Instructions:** This form is used to participate in the College’s 403(b) plan with an approved provider. The providers can and should give you information about this plan, their investment options, and tax information. As with any financial investment, you should carefully research the investments offered and seek the advice of financial, tax and/or legal advisors.  **You must establish an account with an approved provider before submitting this form to the Payroll Office**. If the information on the form is complete and the form is approved, your election should be effective within 30 days after it is received. | | | |
| **403(b) Deferral Limits for Calendar Year 2018** | | | |
| Maximum annual deferral is 100% of pay up to: | $18,500 | | |
| Age 50 catch-up in addition to the maximum annual deferral: | $6,000 | | |
| Other catch up provision – additional documentation may be required: | With 15 years of service with the College, $3,000 per year to a lifetime maximum of $15,000 | | |
| **Employee Election** | | | |
| Employee name       Tartan ID:       Work phone: | | | |
| A. Regular annual deferral amount | | | $ |
| B. Annual age 50 catch-up provision | | | $ |
| C. Other annual catch-up provision | | | $ |
| D. Total annual deferral (sum of A, B and C). To stop deferrals completely, enter $0.00. | | | $ |
| The total amount of salary reduction per pay period shall be either (select one**): $** **or** **%\***  The amount of salary reduction is to be distributed to the provider(s) as follows:        $       %       $  (Provider Name) (Per Pay Amount) (Per Pay Percent) (Annual Amount)        $       %       $  (Provider Name) (Per Pay Amount) (Per Pay Percent) (Annual Amount)        $       %       $  (Provider Name) (Per Pay Amount) (Per Pay Percent) (Annual Amount)  **\***Choose the percentage option if you want your contribution to be based on all incomeincluding, for example, overload pay. | | | |
| Start date. Indicate “Next Available Pay,” or you may indicate a specific pay date, provided your form is received at least 30 days in advance. | | |  |
| End date. Only enter an end date if you want the deferral to stop at a specific time, such as the end of a year. | | |  |
| I request that my annual compensation be modified to substitute a contribution to a 403(b) retirement account by the College in lieu of a portion of the compensation otherwise payable to me. I agree that the above deferral shall be used to contribute to a retirement account issued by an approved provider in which I am named as the owner. This election replaces any prior election, and the College is authorized to stop any previous deferrals I have elected.  This Salary Reduction Agreement applies only to compensation earned by me after this agreement is in effect and is binding with respect to eligible compensation earned while it is in effect. I may change the amount of my salary reduction (including stopping all future contributions), with respect to eligible compensation not yet earned, by filing a new Salary Reduction Agreement with the College 30 days prior to the pay date on which I wish the change to take place.  I understand that this agreement is irrevocable with respect to amounts earned while this agreement is in effect. This agreement will continue indefinitely unless canceled by me, or my employment with the College terminates.  I understand that the College makes no recommendation or representation as to the approved providers on the list, or the suitability, security, costs, fees, commissions or investment return associated with any investment offered, or the effect on my income taxes.  I recognize that the provider(s) and I are solely responsible for the proper and accurate calculation each year of the exclusion allowance and the limitations on contributions, as determined under the Internal Revenue Code. I agree to hold harmless and indemnify the College, and its trustees and employees, from and against any liabilities for federal, state, or local taxes, and any interest or penalties relating to such taxes that directly or indirectly result from the incorrect calculation by the provider(s) of the exclusion allowance or limitation. I specifically agree to pay, in a timely manner, any liabilities, penalty, and/or interest resulting from an incorrect calculation.  Employee signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| For Office Use Only  Payroll \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |