

**INSTRUCTIONS FOR COMPLETING UH FORM 82 (OHR)  
UNIVERSITY OF HAWAI'I 403(b) SALARY REDUCTION AGREEMENT**

All required information must be included and be legible. If the information is erroneous or not legible, the UH Form 82 will be returned to the Agent/Registered Representative without action.

I. EMPLOYEE INFORMATION:

- A. Print or type Employee's name as appears on the Payroll Notification Form (PNF). (Last Name, First Name, Middle Initial)
- B. Enter Employee's Social Security number. **Accuracy is imperative.**
- C. Complete the Employee contact information -- home address, City, State, Zip, Campus/Dept./College/School, daytime phone no. & E-mail address.
- D. Enter Employee's gross monthly salary. (**Not required for cancellations**)
- E. All salary reductions must be reflected as a **monthly** amount.

II. EFFECTIVE DATE:

Enter the effective date of the salary reduction.

- **New salary reduction/changes:** Effective on either the **1st** or **16th** of the month.  
Example: New salary reduction effective January 1, 2006 -- Deduction shown on 1/15/06 (faculty) or 1/20/06 (non-faculty) pay check.
- **Cancellations:** Effective on either the **1st** or **16th** of the month.  
Example: Cancellation effective January 16, 2006 -- No deduction shows on 1/31/06 (faculty) or 2/5/06 (non-faculty) pay check.

III. CONTRIBUTION INFORMATION:

- A. Check "Initiate New Salary Reduction" if this agreement will begin a new salary reduction. Enter amount to be withheld each **month**. Enter either total **monthly** dollar (\$) or percentage (%) amount, **NOT** both. When entering the **monthly** dollar amount, express to two (2) decimal places. The **monthly** dollar amount cannot exceed a total of six digits. Example: **\$1250.00** per month. Input the appropriate information in the Service Provider(s) section.
- B. Check "Change Salary Reduction" if this agreement will change the **monthly** amount of a current salary reduction that is already in force. Indicate the current **monthly** dollar (\$) or percentage (%) amount and the new **monthly** dollar or percentage amount that the Employee is requesting it be changed to. This option may be checked in conjunction with a change of Service Provider(s) or cancellation of a salary reduction assignment to a specific Service Provider. Input the appropriate information in the Service Provider(s) section below.

- C. Check "Change Service Provider(s)" if a change of the Service Provider(s) is being requested. For clarification, provide the name of the current provider and the new provider. This option may be checked in conjunction with a change to the amount of salary reduction or cancellation of a specific Service Provider. Input the appropriate information in the Service Provider(s) section.
- D. Check "Cancel Salary Reduction" to terminate a salary reduction agreement or to cancel an assignment to a specific Service Provider. Input the appropriate information in the Service Provider(s) section.

IV. SERVICE PROVIDER(S):

- A. Enter the **monthly** dollar or percentage amount to be assigned to each Service Provider, Service Provider (SP) name and 3 digit SP Code (formerly called Agent Code). Authorized Agents/Registered Representatives will provide the appropriate SP code number. This section must be completed any time that there is a change in the salary reduction or contribution amount/percentage or Service Provider(s).
- B. SP Codes may be accessed at the OHR website <http://www.hawaii.edu/ohr>.

V. EMPLOYEE SIGNATURE:

Employee must read the complete agreement (pages 1 & 2), sign and date the form.

VI. ACKNOWLEDGEMENT AND REPRESENTATION OF AGENT/REGISTERED REPRESENTATIVE:

Agent/Registered Representative must read, sign and date the form. Complete (print/type) the name of Agent/Registered Representative, Agent's/Registered Representative's company, Hawai'i address, telephone and fax number and E-mail address.

NOTE: Only authorized Agents/Registered Representatives and/or companies may participate in the University's TDA and Custodial Accounts Programs.

VII. UNIVERSITY OF HAWAII SIGNATURE:

The OHR will approve and sign the UH 403(b) Salary Reduction Agreement on behalf of the University of Hawai'i.

Submit the original and a copy of the completed UH Form 82 with a self-addressed stamped envelope to:

Office of Human Resources  
2440 Campus Road  
Administrative Services Building 2  
Honolulu, HI 96822

A current listing of submission deadlines for Salary Reduction Agreements is available on the UH OHR website at <http://www.hawaii.edu/ohr>. Questions on completion of this form should be directed to OHR via E-mail: [uh-tda-l@hawaii.edu](mailto:uh-tda-l@hawaii.edu) or via Phone: 956-8643.