



403(b) Salary Reduction Cancellation

Please return this form by one of the following methods:

Mail: Benefits Section
GT-Human Resources
500 Tech Parkway
Atlanta, GA 30332-0435
Fax: (404) 894-6978

Campus Mail: Benefits Section – MC 0435
GT – Human Resources

NAME _____	PAY CYCLE
SSN OR EMPLOYEE ID# (NOT GTID) _____	<input type="checkbox"/> MONTHLY
BEST CONTACT TELEPHONE NUMBER _____	<input type="checkbox"/> BIWEEKLY
DEPARTMENT _____	

Effective with the payroll period beginning _____ I wish to **stop** my :

Pre-Tax 403(b) Contribution	Roth 403(b) Contribution
<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____