

**Sample Annual Notice of Universal Availability**

**Date:**

**To:**        **(Insert School Name)** Employees

**From:**

**Subject: Notice of availability to participate in (insert school name) 403(b) Plan**

**(Insert school name)** offers a 403(b) Tax Sheltered Account Plan. As an eligible employee you have the ability to participate in this Plan by making voluntary salary reduction contributions to the Plan. Attached are the following items for your review:

1. A **Plan Summary Description** including a list of participating investment providers and 403(b) investment products. This document provides an overview and outlines general provisions of the 403(b) Plan.
2. A **Salary Reduction Agreement**. This form should be used to begin participation in the Plan or change your current salary reductions. If you wish to begin participating in the Plan, you should complete the Salary Reduction Agreement as instructed.

You may also view other information about the plan at **www.employeradmin.com**, including a copy of the Plan Document, forms, processing instructions, and the Employee Handbook.

Please sign below and return this letter to \_\_\_\_\_ in the business office by **(insert date)**. If you have further questions please contact \_\_\_\_\_ in the business office.

Sincerely,

School District Official' Name and Office

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**I have received this notification and understand my ability to participate and make salary reduction contributions under the (insert school name) 403(b) Plan.**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_