

**Tax Sheltered Annuity (TSA)
403(b) Sick and Annual Leave Deduction Agreement**

Participant Information

Last Name _____	First Name _____	Personnel Number _____
Street Address _____	City _____	Zip Code _____
Date of Birth _____		
University _____	Email Address _____	Telephone number _____

Sick and Annual Leave Deduction

I elect to contribute the following pre-tax amount of my sick and/or annual leave payout to my TSA. Please Note: If the net sick and annual leave payout above is not sufficient to attain the requested deferral amount, the deferral will be deducted from your regular salary of your final paycheck.

\$ _____
Dollar amount of Pre-tax *(see maximum allowable IRS amounts below) Retirement Date _____

*Governed by sections 415 and 402(g) of the internal revenue code, the maximum annual deferral for 2024 is \$23,000. An additional \$7,500 is permitted for those age 50 and over for an annual total of \$30,500.

- I certify I have an active State System Voluntary Individual TSA account with TIAA and/or Fidelity or have established an account by enrolling through Retirement@Work.
- Check here if you are also deferring any of your sick and/or annual leave payout to your Empower deferred compensation 457 plan. Please note you must complete the Sick and Annual Leave Deduction Agreement Governmental 457(b) from and submit to Empower.

If there is not enough sick and/or annual leave payout monies to defer your elected deferrals to both your TSA and your 457 Deferred Compensation Plan, please indicate which plan you wish to defer all of your elected monies first:

- Tax-Sheltered Annuity 403b Deferred Compensation 457

Participant Consent

My signature acknowledges that I have read, understand and affirms that all information that I have provided is true and correct. I also understand that:

- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deferral deduction as indicated on this form.
- The form must be completed and submitted in a timely manner **prior to my separation date**.

Participant Signature

Date (required)

Submission Instructions

Submit your completed TSA Leave Deduction Agreement directly to tsadeferral@passhe.edu or by fax to 717-720-4162. Any questions about your TSA account or eligible amounts to be deferred should be directed to your TSA vendor representative (either TIAA or Fidelity). If the form is not completed and submitted in a timely manner **prior to your separation date**, or you have not established your voluntary TSA account with either TIAA and/or Fidelity, the sick and annual deferral may not occur.

Email: tsadeferral@passhe.edu

Fax: 717-720-4162