

MILFORD PUBLIC SCHOOLS
TAX SHELTERED ANNUITY ADJUSTMENT FORM
FOR THE YEAR 2020

CHANGES ARE MADE THE FOLLOWING PERIODS:

| FOR CHANGES MADE THE PAYROLL OF | FORMS ARE DUE TO PAYROLL BY |
|------------------------------------|--------------------------------|
| 1/17/2020 | 1/3/2020 |
| 3/13/2020 | 2/21/2020 |
| 4/24/2020 | 4/3/2020 |
| 6/5/2020 | 5/15/2020 |
| 9/25/2020 | 9/4/2020 |
| 11/6/2020 | 10/16/2020 |
| 12/18/2020 | 11/30/2020 |

STARTING A NEW TAX SHELTER ACCOUNT

RETURN THIS FORM AND A **COPY OF THE CONFIRMATION LETTER** THAT YOU RECEIVE FROM YOUR TAX SHELTER COMPANY THAT THE ACCOUNT IS OPEN

INCREASING OR DECREASING

RETURN THIS FORM BY THE DATES LISTED ABOVE

CANCELLATIONS

RETURN THIS FORM. THE DEDUCTION WILL STOP THE NEXT PAY PERIOD

TSA ADJUSTMENT FORMS MUST BE SIGNED AND DATED!

| | | |
|-----------------------------|-------------------------------|-----------------------------------|
| This is a / an (check one): | <input type="checkbox"/> NEW | <input type="checkbox"/> INCREASE |
| | <input type="checkbox"/> STOP | <input type="checkbox"/> DECREASE |
| EMPLOYEE NAME | _____ | |
| EMPLOYEE ID # (Required) | _____ | |
| TSA COMPANY NAME | _____ | |
| AGENT'S NAME | _____ | |
| AGENT'S TELEPHONE # | _____ | |
| CURRENT DEDUCTION PER PAY | _____ | (dollar amounts only) |
| CHANGE TO PER PAY | _____ | (dollar amounts only) |
| _____ 1/17/2020 | _____ 3/13/2020 | _____ 4/24/2020 |
| _____ 09/25/2020 | _____ 11/06/2020 | _____ 12/18/2020 |

The employee hereby agrees that the Milford Board of Education shall have no liability whatsoever for any loss suffered by the employee with regard to:

- a) the selection of any 403 (b) program
- b) the Employer's transmittal of contributions
- c) the computations in connection with the determination of the amount of salary reduction.

Date: _____

Signature: _____

Incomplete and / or incorrect forms will be returned to employee, resulting in a delay of any TSA adjustments.

RETURN TO PAYROLL