

Tax Shelter Annuity (TSA)
Change and/or Cancellation

To: Payroll Department
Charles County Public Schools
P. O. Box 2770
La Plata, Maryland 20646

I, _____, would like to change the amount of my
Employee Name

Tax Shelter Annuity (TSA) contribution with _____
Company Name

to a \$ _____ bi-weekly pre-tax deduction effective _____.
Amount *Date*

_____ I certify that I am or will be age 50 or older by the end of the taxable year. Therefore, I elect to take advantage of the extended maximum contribution. I understand that this election expires at the end of the taxable year.

Signature

Date

Employee ID #