



DIVISION OF HUMAN RESOURCES
RETIREMENT SERVICES

OPTIONAL TSA PAYROLL DEDUCTION FORM

PURPOSE: This form should be used by DCSD employees to initiate or adjust payroll deduction amounts towards an Optional Tax Sheltered Annuity (TSA). Completed forms can be emailed, faxed, mailed, or delivered to the Division of Human Resources.

INSTRUCTIONS:

SECTIONS 1 & 2 should be used to initiate, adjust, or terminate payroll deductions into an Optional TSA plan.

SECTION 3 is for employees who have more than one (1) Optional 403(b) and are enrolling in the Supplemental Retirement 2% Match Program.

The Supplemental Retirement 2% Match Program is a tax-deferred program whereby the DCSD contributes 2% of an employee's salary into one 403(b) account held with one of the DCSD approved providers for employees who meet the following eligibility criteria:

- **Full-time employees who have completed at least 2 years of continuous full-time employment after January 1, 2011, AND**
- A few years ago the vesting period for employees covered under PSERS was moved from 5 years down to 2 years. We are making the same change to the vesting period for employees covered under TRS starting 7/1/2026. This should simplify things as all employees will be considered vested after two years of continuous employment.
- Invest at least 2% of their salary into one (1) 403(b) account with a DCSD approved provider.

Complete section 3A if you have multiple Optional TSA plans and need to select a specific plan for your employer matching contribution. Your request will be effective immediately.

Note: The employer matching contribution can only be held with a provider where the employee is contributing at least 2% of their salary.

Complete section 3B if you elect not to be automatically enrolled in the Supplemental Retirement 2% Match Program.

Please note: An account must be established with one of the DeKalb County School District approved providers before submitting this form to Human Resources. If you **DO NOT** have an established account, all contributions made via payroll deduction will be returned to the employee.



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Employee ID	First	Middle	Last
Last 4 digits of Social Security Number		School/Dept.	

SECTION 1: DEDUCTION	☐ Initial payroll deduction	☐ Change to a current payroll deduction	☐ Terminate my current payroll deduction
	(Note: If a participant terminates an account with a provider who is not currently approved by the DCSD Board of Education, the participant may not subsequently reopen an account with that provider.)		
	☐ 403(b)		☐ 457
	☐ Please reduce my pay by _____% each pay period (percentage of salary does not apply to pay exceeding base salary pay).		

SECTION 2: PROVIDER SELECTION	Third Party Administrator (TPA): Select ONE provider. Please use separate forms to make contributions to multiple providers.
	☐ Fidelity ☐ EMPOWER formally Mass Mutual ☐ Corebridge formally AIG/VALIC ☐ VOYA

Supplemental Retirement Match Program

(Only applicable to employees with multiple Optional 403(b) plans)

SECTION 3: EMPLOYER MATCH Optional (403(b) Plans Only	A: For multiple Optional 403(b) account holders ONLY: Employees with <u>multiple</u> Optional 403(b) accounts must select ONE provider for the employer contribution. Please select the TPA for your employer matching contribution. ☐ Fidelity ☐ EMPOWER formally Mass Mutual ☐ Corebridge formally AIG/VALIC ☐ VOYA
	B: Negative Elections ONLY: ☐ Check here if you choose to disengage from the automatic enrollment into the Supplemental Retirement Match Program.

I understand that this deduction (or amendment) will be effective immediately after delivery of this executed form. The DeKalb County School District matching contributions will begin on the next enrollment date after receipt of this executed form.

Authorization to Amend Employment Contract

The DeKalb County School District is hereby authorized and directed to reduce my pay in the amount indicated in Section 1 and to transmit said amount to the Third Party Administrator (TPA) indicated above in the Section 2. This agreement is intended to be legally binding. It can be amended or terminated by delivery of a subsequent form completed by the employee, which will be effective immediately after the delivery of said form. Authorization is hereby given for the release of necessary personal data to the company indicated in the Section 2 for the purpose of establishing and administering my Optional TSA account.

Please forward the completed form to the Division of Human Resources, Total Rewards Department at the address or fax number listed below.

Employee Signature _____ Date ____/____/____

HR USE ONLY	Received	Processed	Scanned
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1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

■ MAIN: (678) 676-0005 ■ FAX: (678) 676-0298

■ EMAIL: retirement@dekalbschoolsga.org

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