

Adams 12 Five Star Schools
 Authorization for Voluntary Salary Reduction
 For Tax Sheltered Annuity
 403(b) and PERA 401(k)

IMPORTANT!!!
 If you are an eligible ALP administrator, indicate here. Also, in the ALP column indicate where you would like the ALP applied.
 ALP Administrator:

Last Name First Name

Employee ID or Social Security Number

Effective Date		School / Department				ALP Admin Staff Only
TSA Company Name (Please list ALL companies)	Percent / Flat amount of all TSA Companies	Status of All TSA Companies				
		New / Restart	Change	Stop	No Change	
403(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
403(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
403(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
PERA 401(k) Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

You may use a flat amount or percent. To figure a percent, divide the dollar amount you wish to contribute by your monthly gross pay. The monthly contribution amount cannot exceed \$16,500 (or \$22,000 if you are 50 or older) annually.

Forms are due to Payroll by the 10th of each month to enroll, change, or stop your TSA

VOLUNTARY SALARY REDUCTION AGREEMENT

This authorization and Voluntary Salary Reduction Agreement is made by the undersigned, as an employee of the Adams County School District Twelve ("School District"), Adams County, Colorado.

I hereby authorize the School District to make the above change to and reduction from my compensation for the purpose indicated. This authorization shall be effective on the payroll period ending stated above and shall continue thereafter until the cessation of my employment with the School District or until modified or revoked by the delivery of a subsequent written notice from me to the District.

In authorizing this payroll reduction for a tax sheltered annuity, I warrant that I have had the full opportunity to investigate and review the company and option selected with such independent assistants and counsel as I have deemed necessary, and have selected the option voluntarily, without relying upon any representation by the School District or its employees. In consideration of the School District's providing this payroll reduction service, I agree that I will not hold the School District liable and will hold the district harmless for the performance of the tax sheltered annuity company and product I have chosen and for the computation of the amount of salary reduction.

The employee agrees to hold harmless and indemnify the [Employer] for any federal or state income tax withholding amounts, interest, penalties, damages or expenses that are imposed because of failure of the annuity or custodial account contract to qualify as such under federal Internal Revenue Code §403(b) or because of contributions in excess of that permitted under the Internal Revenue Code.

 Signature of Employee Date

 Contact Phone Number (Optional)

 Signature of TSA Company Representative Date
 (Required for new enrollees only)

 Phone Number of TSA Company Representative