

# Salary Deferral Authorization

## STATE OF CONNECTICUT 403(b) PLAN

### Instructions

Please print using blue or black ink. This form is 2 pages. If both pages are not completed and returned, we cannot process your request. Keep a copy of this form for your records and return the original form to Prudential or fax it to 1-866-439-8602. This form should only be used if you are changing your contribution rate.

Prudential  
30 Scranton Office Park  
Scranton, PA 18507-1789

**Questions?**  
Call 1-844-505-SAVE  
for assistance.

### About You

Plan number 010083 Employee record number (Required) \_\_\_\_\_

Social Security number \_\_\_\_\_ Gender  M  F Daytime telephone number \_\_\_\_\_  
area code

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Date of rehire (To be completed by your Plan Representative, if applicable.)  
 \_\_\_\_\_  
month day year

### Agreement

For the purpose of obtaining the benefits of Section 403(b) of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

- Before-Tax Contribution Election.** I wish to contribute \$ \_\_\_\_\_, \_\_\_\_\_ .00 of my salary per pay period.
- Roth (After-Tax) Contribution Election.** I wish to contribute \$ \_\_\_\_\_, \_\_\_\_\_ .00 of my salary per pay period.

**IMPORTANT: You must monitor your contributions to ensure you do not exceed the IRS annual limits**

Employees who are employed by multiple 403(b) eligible agencies or within multiple higher educational positions with the same agency must provide the employee record number that corresponds to the job from which they wish to have their 403(b) Plan deferral taken. Note that the employee record number is different from your employee number and will differ from job to job or agency to agency. Contact your agency human resource or payroll department to obtain the specific employee record number that corresponds to the job from which the Plan deferrals will be taken. Forms cannot be processed and will be returned if the employee record number is missing. If you are electing 403(b) deferrals from more than one eligible agency and/or job, you must complete a separate form for each. I understand my contribution election will remain in effect until I separate from State service, change or suspend my contribution amount, or the maximum annual limit is reached. When choosing online transactions it is important to verify the record number.

**PLEASE NOTE:** if your election exceeds the NET amount of your paycheck, no deduction will be processed.

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**Contribution  
Accelerator**

I elect to participate in the contribution accelerator program. I also acknowledge that by electing to participate, my per paycheck contribution amount will automatically increase by \$25.00 every July to a maximum of \$1,000, unless I opt otherwise. To specify an alternate amount and annual increase date, please complete below.

\_\_\_\_\_ per paycheck contribution accelerator amount \_\_\_\_\_ (annual increase date)

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**Your  
Authorization**

I hereby authorize my employer to make payroll deductions as I have indicated.

  X   \_\_\_\_\_ *Date* \_\_\_\_|\_\_\_\_|\_\_\_\_  
*Participant's signature*

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Social Security number \_\_\_\_\_