



SALARY REDUCTION AGREEMENT

Ten-Month Employee
Simsbury Board of Education
933 Hopmeadow Street
Simsbury CT 06070

I, _____ Social Security # _____ authorize the
Print Name
Simsbury Board of Education Payroll Department to make deductions to my salary in accordance with the following schedule so that I may obtain the benefits of deferred compensation of Section 403(b) of the Internal Revenue Code.

EFFECTIVE _____, 20____, I authorize the following:

(Please circle one)

(Deductions are taken from 20 paychecks)

A. New Authorization

_____ Bi-weekly Amt Annual Amount Name of Company

B. Increase to present Company

_____ Bi-weekly Amt Annual Amount Name of Company

C. Decrease to present Company

_____ Bi-weekly Amt Annual Amount Name of Company

D. Cancellation

_____ Bi-weekly Amt Annual Amount Name of Company

Please note that employees are responsible for setting up all accounts with their annuity company or through their financial agent before payroll deductions may be started. Your company of choice must be on Simsbury Board of Education's approved list. The total amount of reduction under this Agreement in a tax year of the Employee shall not exceed the maximum allowable under Sections 403(b) of the Internal Revenue Code.

Changes/additions can be made only twice a year: during the month of July with an effective date of September or by December 15th with an effective date of January.

Signature of Employee

Date



SALARY REDUCTION AGREEMENT

Twelve-Month Employee
Simsbury Board of Education
933 Hopmeadow Street
Simsbury CT 06070

I, _____ Social Security # _____ authorize the
Print Name
Simsbury Board of Education Payroll Department to make deductions to my salary in
accordance with the following schedule so that I may obtain the benefits of deferred
compensation of Section 403(b) of the Internal Revenue Code.

EFFECTIVE _____, 20____, I authorize the following:

(Please circle one)

(Deductions are taken from 24 paychecks)

A. New Authorization

_____ Bi-weekly Amt _____ Annual Amount _____ Name of Company

B. Increase to present Company

_____ Bi-weekly Amt _____ Annual Amount _____ Name of Company

C. Decrease to present Company

_____ Bi-weekly Amt _____ Annual Amount _____ Name of Company

D. Cancellation

_____ Bi-weekly Amt _____ Annual Amount _____ Name of Company

Please note that employees are responsible for setting up all accounts with their annuity company or through their financial agent before payroll deductions may be started. Your company of choice must be on Simsbury Board of Education's approved list. The total amount of reduction under this Agreement in a tax year of the Employee shall not exceed the maximum allowable under Sections 403(b) of the Internal Revenue Code.

Changes/additions can be made only twice a year: prior to June 15th for an effective date of July 1st or by December 15th with an effective date of January 1st.

Signature of Employee

Date