



Danbury Public Schools

63 Beaver Brook Road
Danbury, CT 06810
Phone: (203)-797-4711
Fax: (203)-797-4776

Danbury Public Schools Annual Eligibility Notice December 2019

As an employee of the Danbury Public Schools you are eligible to contribute to our 403(b) Plan.

The approved list of providers for our 403(b) Plan is attached.

If you are currently contributing to the plan and wish to increase/decrease your contributions, please complete a new salary reduction agreement and TSA Adjustment Form and return the form to **PAYROLL, BBAC**. You may make changes at any time.

If you would like to begin contributing to the plan, **please note that you must establish an account with the appropriate investment provider(s) that you have selected before you complete and return a Salary Reduction Agreement and TSA adjustment Form to **PAYROLL, BBAC****. You may also need to provide any additional information that your employer may require. You may enroll at any time. Payroll deductions are processed September to June, twice a month. Danbury Public Schools' TSA forms are attached. Forms are also available at BBAC and all schools and must accompany your TSA provider enrollment forms.

In general, you may elect to contribute up to \$19,500 in 2020. This amount is the general limit on what you can elect to defer under the 403(b) plan and such amount may be adjusted annually. Additional catch-up contributions may be permitted if certain criteria are met. Specifically, if you are at least 50 years old by year's end, you may also be able to make additional catch-up contributions up to \$26,000 in 2020. Other catch-up options may also be available.

Of course, you can keep your contributions at their current level. In the alternative, if your current financial situation means that you need to lower your saving for retirement, you can change your contribution rate by completing and returning a salary reduction agreement as described above.

This Notice is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products under the plan can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.

Experience the Danbury Difference Where Teaching is for a Lifetime of Learning

	DANBURY PUBLIC SCHOOLS				
	Approved TSA Providers				
P/R Ded. #	Approved TSA Providers	Contact #	Remittance Address	Contact Name	Phone #
202	AIG Annuity Ins. Co. / American General	1-800-424-4990	P.O. Box 2754, Amarillo TX 79105-2754	Robert Bergman	203-775-6191
203	American Funds	1-800-421-0180	P.O. Box 2560, Norfolk VA 23501		
201	Ameriprise Financial Services/Brighthouse/AMPH	1-800-297-7378	70205 Ameriprise Financial Center, Minneapolis MN 55474		
205	AXA Equitable	203-616-5396	P.O. Box 13463, Newark NJ 07188-0463	Michelle McGuire	914-629-4875
210	Compass Capital Mngmnt (Hertberg)/Investco	203-264-8282	2 Pomperaug Office Park, Southbury CT 06488	Tom Parron	203-264-8282
206	Fidelity Investments	1-800-343-0860	P.O. Box 770002, Cincinnati OH 45277-0089		
207	First Investors Corp./Foresters	1-800-342-4015	P.O. Box 7837, Edison NJ 08818-7837		
222	Franklin Templeton	1-916-463-1500	P.O. Box 33030, St. Petersburg, FL 33733-9685		
209	GALIC (Great American)	1-800-854-3649	P.O. Box 932322, Cleveland OH 44193		
204	MetLife Citistreet of CT	1-800-248-2470	P.O. Box 10356, Des Moines IA 50306-0356	Frank Bosco	860-799-0301
212	MetLife Resource	1-203-798-0120	P.O. Box 120945, Dept. 0945, Dallas TX 75312-0945	Frank Bosco	860-799-0301
223	MetLife Traveler	1-800-492-3553	P.O. Box 10356, Des Moines IA 50306-0356	Frank Bosco	860-799-0301
219	MetLife (Plan # 0827186)	1-800-638-7732	P.O. Box 120945, Dept. 0945, Dallas TX 75312-0945	Frank Bosco	860-799-0301
215	Oldham Resource Group	203-847-5300	70 New Canaan Road, Norwalk CT 06850	Tucker Scott	203-845-6800
218	Security Benefit Life	1-800-724-4526	1 SW Security Benefit Plaza, Topeka KS 66606-2444		
232	Stern Agee (Oppenheimer) Stone Wealth	203-264-2621	4407 Belmont Ave., Youngstown OH 44505	Mike Kindel	203-264-2621
236	Vanguard		P.O. Box 1110, Valley Forge PA 19482-1110		
200	VOYA Financial Services (ING)	1-800-262-3862	P.O. Box 2215, New York NY 10116-2215	Michael Bonamarte	914-238-5325
	Plan Administrator/Authorized Representative:				
	Courtney LeBorious, Director of Financial Services				
				revised 12/11/2019	

DANBURY PUBLIC SCHOOLS

**Danbury, CT
203-797-4711
203-797-4714
203-797-4776(FAX)**

Tax Sheltered Annuity Adjustment Form - Return to Payroll Office

Cancellations may be done at any time with proper paper work completed and submitted by the first of the month the cancellation is to take place.

TSA ADJUSTMENT FORMS MUST BE SIGNED AND DATED

THIS IS A/AN (CHECK ONE):

NEW___ INCREASE___ DECREASE___ CANCELLATION___ VENDOR CHANGE___

NAME: _____

TSA COMPANY: _____

TSA Remittance address: _____ **(required)**

AGENT'S NAME: _____

AGENT'S TELEPHONE NUMBER: _____ EXT: _____

CURRENT DEDUCTION: _____

CHANGE TO: _____

EFFECTIVE DATE: _____

NEW ACCOUNT (please provide account number) _____

The employee hereby agrees that the Danbury Board of Education shall have no liability whatsoever for any loss suffered by the employee with regard to:

- a. the selection of any 403 (b) program
- b. the Employer's transmittal of contributions
- c. the computations in connection with the determination of the amount of salary reduction

DATE: _____

SIGNATURE: _____

INCOMPLETE AND/OR INCORRECT FORMS WILL BE RETURNED TO EMPLOYEE, RESULTING IN A DELAY OF ANY TSA ADJUSTMENTS.

DANBURY PUBLIC SCHOOLS

**Administrative Center
63 Beaver Brook Road
Danbury, Connecticut 06810-6211
(203)797-4711
(203)797-4714
FAX (203)797-4776**

SALARY REDUCTION AGREEMENT

To: Danbury Board of Education

I hereby request that my salary earned after the date of this agreement be reduced so that part of the compensation which otherwise would be paid to me directly will instead be used in payment of premiums under the terms and provisions of Section 403(b) of the United States Internal Revenue Code of 1986, as amended. For this purpose, you are authorized to:

Deduct from my salary:

Beginning on this date _____(or *ASAP*), through this date _____(or *On Going*) deduct from my salary \$ _____, for _____(*may be left blank*) pay periods totaling \$ _____ for the above period (*may be left blank*).

You are further authorized to apply such amounts toward the purchase of an annuity contract, on which I shall be designated Owner, to be issued by _____I further agree that the amounts specified in this agreement may not exceed the limits of Internal Revenue Code Sections 401(a) (30), and 402(g) (1) and 415.

I agree that this agreement is binding and irrevocable with respect to salary earned while this agreement is in effect. However, this agreement may be canceled at any time with respect to salary not yet earned.

Name of Employee _____ Social Security Number _____
(Please Print)

Employee Signature _____

Date Signed _____