



# Manchester Public Schools

Kennedy Education Center  
45 North School Street  
Manchester, CT 06042  
860-647-5041  
[www.mpspride.org](http://www.mpspride.org)

## GUIDELINES FOR ENROLLMENT INTO 403(b) TAX SHELTERED ANNUITY PLANS

All employees of Manchester Public Schools are eligible to make salary reduction contributions (minimum \$200 per calendar year) to a 403(b) tax sheltered annuity plan.

1. Refer to the list of authorized 403(b) tax sheltered annuity companies to determine the company with whom you would like to open an account. These are the only available companies offered by Manchester Board of Education.
2. Employees may open an account either by contacting one of the tax sheltered annuity companies directly or working with a financial advisor/agent. Manchester Board of Education does not endorse any financial advisors.
3. Please complete an Annuity Authorization Form with your account information and deduction amount and submit it to the Manchester Public Schools Payroll Department, 45 North School Street, Manchester, CT 06042. Please be advised the amount authorized on the Annuity Authorization Form will be deducted from your pay twice a month **between the months of September and June** (20 times annually).
4. Manchester Board of Education requires confirmation that your account is open and ready to receive your contributions, please attach a copy of the signed company authorization form to the Annuity Authorization Form and submit it to the Manchester Public Schools Payroll Department, 45 North School Street, Manchester, CT 06042.
5. The 2024 general limit on annual elective deferrals is \$23,500. Documentation must be submitted to verify eligibility to contribute under the 15-Year Rule or to make Catch-Up Contributions (age 50 or over). Worksheets are available in IRS Publication 571.
6. New authorizations and changes to existing authorizations can be made at any time throughout the year by submitting a new Annuity Authorization Form to the Manchester Public Schools Payroll Department, 45 North School Street, Manchester, CT 06042.

### QUESTIONS? PLEASE CALL:

Stephanie Botticello, Payroll Administrative Assistant, 647-6397, [sbotticello@mpspride.org](mailto:sbotticello@mpspride.org)

Sylvie Levesque, Payroll Supervisor, 647-5070, [sylvie@mpspride.org](mailto:sylvie@mpspride.org)

Karen Clancy, Assistant Superintendent of Finance & Management, 647-3444, [klclancy@mpspride.org](mailto:klclancy@mpspride.org)

For more information regarding 403(b) Plans, visit the IRS website @[www.irs.gov](http://www.irs.gov) and refer to IRS Publication 571.

## **403(B) ANNUITY AUTHORIZATION FORM**

MANCHESTER PUBLIC SCHOOLS  
45 NORTH SCHOOL STREET  
MANCHESTER, CT 06042

I, \_\_\_\_\_ **EMPLOYEE #** \_\_\_\_\_ authorize the

**Print Name**

Manchester 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.

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**Effective** \_\_\_\_\_, I authorize the following:

**(Circle One)**

**A.** New Authorization: (To confirm that your account is established and ready to receive contributions, please attach a signed company authorization form for new enrollments!)

1. ☐ Pre-Tax

\_\_\_\_\_ Bi-weekly Amount

\_\_\_\_\_ Name of Company/Account #

2. ☐ Voya Roth After-Tax

\_\_\_\_\_ Bi-weekly Amount

\_\_\_\_\_ Voya Account #

**B.** Change to existing 403(b) account:

\_\_\_\_\_ Old Bi-weekly Amount

**OR**

\_\_\_\_\_ Old Company/Account #

\_\_\_\_\_ New Bi-weekly Amount

**OR**

\_\_\_\_\_ New Company/Account #

**C.** Cancellation of existing 403(b) account:

\_\_\_\_\_ Name of Company/Account #

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**CHECK BOX IF YOU WISH TO EXERCISE THE OVER 50 CATCH UP LIMIT**

I understand that I must submit a 403(b) company salary reduction agreement signed by an agent along with this Board of Education form to the Payroll Department. The company of choice must be on the approved list.

The Manchester Board of Education will receive all billing and will forward monthly payments to the above-named annuity company. My annuity company has agreed to forward all premium notices directly to the following address:

Manchester Board of Education  
Payroll Department  
45 North School Street  
Manchester, CT 06042

\_\_\_\_\_  
Agent's Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**School/Location**

\_\_\_\_\_  
**Date**

Authorization received by Payroll

\_\_\_\_\_  
Date

by

\_\_\_\_\_  
Name/Title