PURCHASE LINE SCHOOL DISTRICT
PAYROLL ELECTION FORM
403(b) PLANS

Complete your personal information.

Full Name: _____ Social Security #: _____

Address: _____ _____ _____ _____
Street/Apt #/PO Box *City* *State* *ZIP Code*

Date of Birth: _____ Date of Hire: _____ Gender (M or F): _____ Marital Status: _____

Email: _____

Select the vendor(s) and plan(s) you're enrolled with and will contribute to.

Vendors	**403(b)**	**ROTH**
AXA Equitable Life Insurance Company	☐	☐
Horace Mann Insurance Company	☐	☐
Kades-Margolis Corporation	☐	☐
Nationwide Insurance Company	☐	☐

Complete your contribution election(s).

☐ I elect to participate and contribute _____% or $_____ of compensation per pay period on a pretax (traditional) basis. Maximum Plan limit for pretax contributions: $19,000 for 2019. If you're age 50 or older in 2019, you may contribute an additional $6,000.

☐ I elect to participate and contribute _____% or $_____ of compensation per pay period to a Roth (after-tax basis). Maximum Plan limit for Roth contributions: $19,000 for 2019. If you're age 50 or older in 2019, you may contribute an additional $6,000.

☐ Opt out. I elect not to make elective deferrals until further notice.

Sign and date to confirm all elections and information provided is accurate and current.

Signature: _____ Date: _____

This completed form should be returned to the Business Office. Prior to completing this form, you must be enrolled with one of the vendors listed above. To enroll, go to www.tsacg.com, select "Plan Sponsor Pages", then "Pennsylvania", then "Purchase Line School District". You are able to enroll online or by calling the number listed for each vendor. If you have any questions, please contact Breanna Voris in the Business Office at 724-254-4312, ext. 4025, or by email at vorisb@plsd.k12.pa.us.