

DELAWARE TECHNICAL & COMMUNITY COLLEGE 2009 TSA Election Form

**A new form must be submitted at the beginning of each calendar year due to deferral limitation changes.
COMPLETED FORM MUST BE ATTACHED TO THE STATE SALARY REDUCTION AGREEMENT FORM**

EMPLOYEES MAY PARTICIPATE IN BOTH TSA AND DEFERRED COMPENSATION PROGRAMS AT THE SAME TIME.

2009 TSA Contribution Limits

- Regular deduction annual limitation is **\$16,500**
- Catch-up deduction for individuals age 50 or over by the end of calendar year 2009 limitation is **\$5,500**
- **Catch-up deduction for individuals with 15 years of service is NOT available effective January 1, 2009**

2009 Deferred Compensation Limits

NO Form is needed by DTCC to update Deferred Compensation payroll deductions.

Employees must contact Fidelity directly at 1-800-343-0860 or online at www.fidelity.com/atwork.

- State Match Plan is \$10 per pay AFTER six months from initial enrollment – **MORATORIUM DURING FY2009**
- Regular deduction annual limitation is **\$16,500**
- Catch-up deduction for individuals age 50 or over by the end of calendar year 2009 limitation is **\$5,500**

2009 TSA Election Form: **New** (must attach TSA Vendor Form) **Change** **Remove**

*NOTES: **Use a separate form for each vendor** if more than one vendor is elected within one plan type (regular OR >50 years of age) → for multiple vendors, per pay amount will adjust to reflect a percentage of the total plan type amount elected. Percentage adjustment may change flat amount within cents. **NEW/RESTARTED** TSA Elections require a completed/signed TSA Vendor Form attached to this DTCC/TSA Election Form which indicates the TSA account has been established with the Vendor and is ready to accept payroll deduction contributions. Completed, signed TSA Vendor Form provides confirmation that the account has been established to accept payroll deductions.*

(PLEASE PRINT)

Effective Paycheck Date: _____ **Employee Name:** _____

[form must be submitted to Campus HR no later than three weeks prior to effective paycheck date indicated for processing]

<input type="checkbox"/> Regular contribution	Per Pay Amount \$ _____ <small>(annual amount cannot exceed \$16,500)</small>	
TSA Vendor Name _____	TSA Vendor Address _____	TSA Vendor Telephone Number _____

<input type="checkbox"/> Existing Vendor OR <input type="checkbox"/> New Vendor	% of total contribution _____	

<input type="checkbox"/> >50 years of age Catch-up	Per Pay Amount \$ _____ <small>(annual amount cannot exceed \$5,500)</small>	
TSA Vendor Name _____	TSA Vendor Address _____	TSA Vendor Telephone Number _____

<input type="checkbox"/> Existing Vendor OR <input type="checkbox"/> New Vendor	% of total contribution _____	

This form replaces any previously submitted form as of the signature date and is effective until a new form is received in OOTP/Payroll Department.

Employee Signature

Date

Campus HR use only (REQUIRED FOR PROCESSING):

Campus OOTP Owens Wilmington Stanton Terry

Empl ID _____

OOTP/Payroll Department – RECEIVED DATE and Completed by: