KNOX COUNTY SCHOOLS TAX SHELTER PAYROLL DEDUCTION/CHANGE AUTHORIZATION

This authorization will remain in effect until a new authorization is filed, until termination of employment, until employee's net check is insufficient to cover the deduction, or until the beginning of a leave of absence.

Employee	First			
	First	Middle Initial	Last	
Social Securi	ty or Employee #	Sch	hool/Location	
Position/Job Title		Effective D	Effective Date for Deduction or Change	
Pay Period: ☐ 12 (teachers, assistants, secretaries, principals, substitute, etc.)			ostitute, etc.)	
,	□ 21 (food service and security)			
	·	and maintenance)		
Name of Company Payroll Deduction # Employee must complete all required vendor information.				
rame or con	Emp	loyee must complete all required vendor inform	nust complete all required vendor information.	
Current Dedu	iction Amount Per Pa	ay Period \$ New De	duction Amount Per Pay Period \$	
a new form before the payroll deadline in order for the cancellation to be effective. I understand that if I enroll or change my enrollment in a 457 plan it will take place the month following the receipt of the form in accordance with IRS regulations. I understand that changes can only be made from September 1 st to June 5 th for employees working on a 200-day or less contract (teachers, assistants, security, food service, etc.). Employees working on a 221-day contract (principals, bookkeepers, etc.) may make changes August 1 st to June 5 th . This is due to the fact that all summer checks are processed in June. I understand that there may be additional paperwork required by the company in order to set up my account appropriately or to make changes to my plan. These forms should be obtained directly from the company. Knox County Schools cannot answer questions about the company's paperwork, policies or practices or supply company forms. If the account is not set up appropriately it may result in the money being returned to the employee as taxable income.				
Employee Sig	gnature		Date	
AGENT INFO	DRMATION			
□ 403(b)	□ 457 Vendor #_	Vendor Name		
Agent		Comments/Notes		
Return form to: Knox County Schools, Employee Benefits Office, AJ Building, 3rd Floor P.O. Box 2188, Knoxville, TN 37901-2188				
Employee Bei	nefits Office Use Only	/:		
Employee # Date Form Received by Employee Benefits				
Current Deduction Amount \$ New Deduction Amount \$				
Entered on Payroll By Date of Last Deduction Date of Last Deduction				
Reason: □ Re	etirement Leave o	f Absence □ Resignation □ Employ	yment Termination ☐ Employee Request ☐ Death	