

Lurie Children's Surgical Foundation 403(b) Plan Election/Change Form

Name _____ DOB: _____

Address _____ Phone: _____

Effective Date of Change: _____ (To be processed as soon as administratively feasible)

I. MONTHLY ELECTION CONTRIBUTION

☐ I elect to **not** contribute to the 403(b) plan at this time.

PRE-TAX CONTRIBUTIONS

☐ I elect a 403(b) **PRE-TAX** contribution of \$ _____ to be deducted from my pay each month.

☐ I elect to direct _____ % of my PRE-TAX 403(b) contributions to TIAA

☐ I elect to direct _____ % of my PRE-TAX 403(b) contributions to Fidelity Investments

ROTH (AFTER-TAX) CONTRIBUTIONS

☐ I elect a 403(b) **ROTH (After Tax)** contribution \$ _____ to be deducted from my pay.

☐ I elect to direct _____ % of my ROTH (after-tax) 403(b) contributions to TIAA

☐ I elect to direct _____ % of my ROTH (after-tax) 403(b) contributions to Fidelity Investments

- *IRS deferral limit for 2020 is \$19,500 for those under 50 and the IRS catch-up contribution limit for those 50 and over, for 2020 is \$6,500.*

➤ *For those under 50 the maximum monthly contribution is **\$1,625***

➤ *For those 50 and over the maximum monthly contribution is **\$2,166.67***

II. CONTRIBUTIONS ELECTION CARRYOVER

- ☐ I understand the IRS deferral limits are subject to change annually, and unless I instruct otherwise, I elect to contribute the maximum amount allowed by the IRS each year (Including any allowable catch-up contribution for individuals 50 and older).

Date _____ Signature _____

(Please sign and date!)

Please complete all information and return this form via email to:

Eunice Spotswood, CEBS - Sr. Financial Benefits Consultant 312.227.7428 | financialbenefits@luriechildrens.org