

Supplemental Retirement Account Authorization Form

2026 IRS Maximum Contribution limit is \$24,500. Employees age 50 or over may contribute an additional \$8,000 for an annual total of \$32,500. The 401k, 403(b) and Roth 403(b) share the same annual maximum contribution limit. The 457(b) pre-tax has its own annual maximum contribution limit of \$24,500 up to \$32,500 for those age 50 and over.

Please select Plan Type, Vendor, and the flat amount per Paycheck. If you wish to meet the IRS max contribution (see above), you will need to divide the IRS maximum for your age group by the number of remaining paychecks in the year.

Vendors	403(b) Pre-tax	403(b) Roth After-tax	457(b) Pre-tax	457(b) Roth After-tax
Fidelity	☐ \$ _____	☐ \$ _____	☐ \$ _____	☐ \$ _____
*TIAA	☐ \$ _____	☐ \$ _____	☐ \$ _____	☐ \$ _____
*Corebridge/Valic	☐ \$ _____	☐ \$ _____	☐ \$ _____	☐ \$ _____
*Nationwide	Not offered	Not offered	☐ \$ _____	☐ \$ _____

***PERSI Choice** 401(k) Pre-tax ☐ \$ _____ 401(k) Roth After-tax ☐ \$ _____

Employees who wish to participate in the PERSI Choice 401(k) plan (through Empower) are no longer required to be in a benefitted position. Beginning December 1, 2025 all state employees who receive a W-2, including part-time and non-benefitted employees, may enroll.

**If you are deferring to a supplemental retirement account with a vendor for the first time, please [contact the vendor](#) to set up an account prior to submitting the form to Benefits.*

Print Name _____ Employee ID Number _____

Effective pay check for deferral change _____ (There are 27 pay periods in a calendar year)

I understand that this form will replace any prior forms on file. The internal revenue code limits the amount I may contribute to retirement plans each year. It is my responsibility to monitor the amount I contribute per pay period to ensure that my total annual pre-tax deductions do not exceed the amount permitted by the IRS each year and to avoid making excess contributions, I may need to decrease my pre-tax contributions by filing a new Agreement. I further understand the University does not provide tax or investment advice and I should consult with my tax advisor or retirement consultant if I have investment or tax questions.

Signature _____

Date _____

Boise State University Representative _____

Date _____

Forms must be received in the Benefits Department by the Employee Actions Due date ([noted on payroll calendar](#)) to be included in the pay period. Submit this completed form to Benefit Services.