



**Marblehead Public Schools**  
**9 Widger Road, Marblehead, Massachusetts 01945**  
**781.639.3140 fax: 781.639.3149**

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**Rachel Bowen**  
Director of  
Human Resources



## Your Employee Benefits

[Mandatory Information Regarding Our 403\(b\)/457\(b\) Plans](#)

**Dear Marblehead Public Schools Employees:**

Per Universal Availability requirements mandated by the IRS, we are required to inform you of your eligibility to participate in our retirement plans. **As an employee of Marblehead Public Schools, you are eligible to participate in the district's 403(b) voluntary retirement plan.**

### **Why Participate?**

When you retire, your pension will not be 100% of the income you're making now. The retirement income gap is the amount that is missing between what your pension pays (and other resources) and the amount you will need to live on. These supplemental retirement plans can help you reduce or eliminate your retirement income gap.

### **How Can I Participate?**

You can start, stop or change your elective deferrals at any time throughout the year. Our third-party plan administrator, Tax Deferred Solutions, assists us in offering our employees an effective opportunity to participate by **providing you with free educational resources and information regarding our district's benefits.**

### **Frequently Asked Questions**

- ✓ I'm not sure how my plan works; can you explain it to me?
- ✓ What's the difference between a 403(b), 457(b) and 7702?
- ✓ What are the 2018 contribution limits? Do I qualify for a catch-up contribution?
- ✓ What is a Roth retirement account?
- ✓ What investment providers are authorized under my plan?
- ✓ How can I save for retirement without changing my take home pay?

**The best part of this opportunity to obtain information is that any questions you have can be handled over the phone when it's convenient for you!** Please see the website below to request any information listed above.

**<https://tdsgroup.org/403b/>**

Sincerely,

Marblehead Public Schools and TDS Tax Deferred Services



A legacy of success.  
A lifetime of service.

# Tax Deferred Solutions (TDS) Contact & General Information

## Participants, Employees, and Advisors

Phone: 866.446.1072 (Hold the line for Customer Service)  
Fax: 916.221.5040  
Email: [customerservice@tdsplans.org](mailto:customerservice@tdsplans.org)

Mailing Address: Tax Deferred Solutions  
6939 Sunrise Blvd Suite 250  
Citrus Heights, CA 95610

*TDS Customer Service is available for participants, employees, and advisors who have account level inquiries such as: transactions, contributions, account compliance services, signatures, and other general inquiry.*

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**PLEASE READ** - Although not required, TDS recommends all participants and advisors use the TDS website to obtain Plan Administrator approval for transactions, to review approved vendors, check plan permissions, and download the most recent forms for contribution adjustments (aka SAA Form).

- 01.) NAVIGATE TO THE TDS HOMEPAGE = <https://tdsplans.org/>
- 02.) SELECT YOUR STATE
- 03.) TYPE YOUR ORGANIZATIONS NAME UNTIL DATA POPULATES
- 04.) SELCT YOUR ORGANIZATION FROM THE POPULATED LIST

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## Employers and Investment Companies

**CHARLES BAILEY / TDS PLAN COMPLIANCE**  
Direct Fax: 585.672.6142  
Email: [cbailey@tdsplans.org](mailto:cbailey@tdsplans.org)

**DEBRA PEARCE / DESIGNATED REMITTANCE SPECIALIST**  
Direct Fax: 585.360.0498  
Email: [dpearce@tdsplans.org](mailto:dpearce@tdsplans.org)

*Employers contact Charles Bailey and Maria Kuntz for all TDS operations. Investment Companies should contact Charles Bailey for all compliance and plan related inquiries. Employees/Agents should **NOT** contact Charles or Debra unless they were assigned to you and have initiated the contact.*

**Marblehead School District**  
**403(b) Salary Amendment Agreement**



*PLEASE NOTE: To utilize the full functionality available within this PDF form, Adobe Acrobat is recommended. If using Chrome as your web browser, you will need to save the form and open in Adobe Acrobat prior to completing the form electronically.*

**For Pre-tax Contributions**

This form is used to begin, change or stop contributions to a voluntary 403(b) account with the employer sponsored 403(b) plan.

**Form Completion**

To complete this form, enter the correct information into each designated field within the 'Employee Information' section. Please ensure all spelling and numbers which are entered are accurate.

Once all employee data has been provided, please enter the correct information into each designated field within the 'Contribution Information' section of this form including your contribution amount and the investment provider to receive your contributions. Please read all contribution limit information prior to determining your contribution amount.

Once all contribution information has been provided you may enter your financial advisor's contact information, if applicable. This information is not required, however recommended if you are working with an advisor.

Please review all information on the completed form for accuracy prior to submission. Once you have verified that all information is accurate, print the form and sign where indicated. Provide this completed and signed form to your employer.

**Investment Provider Selection and Information**

Employees are solely responsible for the selection and establishment of a 403(b) account prior to submitting this Salary Amendment Agreement. The investment provider list can be found on page 2 of this form. Investment provider information can be provided by the plan administrator or on the respective company websites. Further information may be available through a financial advisor or tax professional.

**Monthly Administration Fee**

A fee of \$3 per month is charged to each investment provider by the employer's plan administrator to cover the costs of administration. Many investment providers have agreed to pay this fee and do not pass it along to the plan participants. Some investment providers may require that the plan administration fee be paid by the plan participant. If the participant is responsible for paying this fee it will be deducted through an after-tax payroll deduction.

**Contribution Limits**

Contribution limits are defined by the Internal Revenue Service each year. Based on your age and years of full-time service with your current employer, you may be eligible to contribute more than the normal annual contribution limit. Please contact a financial advisor or your plan administrator for more information on these provisions.

**Questions**

For questions about this form please contact Tax Deferred Solutions, the plan administrator, at (866) 446-1072.

**Marblehead School District**  
**403(b) Salary Amendment Agreement**  
**For Pre-tax Contributions**



Below is a list of the approved Investment providers for the Employer's 403(b) Plan.  
 The Salary Amendment Agreement can be found following the Investment Provider Listing.

Investment Provider/Vendor Name	No Monthly Fee	\$3 Monthly Fee (through payroll deduction)
American Funds Service Company	X	
Ameriprise Financial Services, Inc.	X	
Annuity Investors Life Ins. Co.	X	
AXA Equitable Life Insurance Company	X	
Brighthouse Life Ins (MetLife CT/Travelers)	X	
Fidelity Management Trust	X	
Foresters Financial (First Investors)	X	
Great American Insurance Group	X	
Hartford Life Ins Co.	X	
Lincoln Investment Planning	X	
MetLife	X	
Midland National Life Insurance	X	
NY Life Ins. & Annuity Corp.	X	
Security Benefit	X	
T. Rowe Price Trust Company	X	
USAA Life Insurance Co.	X	
Vanguard Fiduciary Trust Co.	X	
Voya Financial (Reliastar)	X	
Voya Financial (VRIAC)	X	

*Note: Service Providers with a double asterisk notation (\*\*) are not authorized to accept new accounts under your employer's plan. Please contact Tax Deferred Solutions with any questions.*



**Marblehead School District**  
**403(b) Salary Amendment Agreement**  
**For Pre-tax Contributions**



The Salary Amendment Agreement is used to establish, change, or cancel voluntary contributions made from your paycheck and remitted to an account within an employer-sponsored 403(b) Plan on your behalf. This completed and signed Salary Amendment Agreement is to be used only for the 403(b) Plan of Marblehead School District.

An available list of investment providers can be viewed on page 2 of this form. Please consult with a financial advisor or tax professional regarding your investment options and contribution limits.

<b>Employee Information</b>	Employee Name		Social Security Number	
	Employee Street Address		Term <input type="checkbox"/> School Term <input type="checkbox"/> Full Term	Contribution Frequency <input type="checkbox"/> Monthly Pay <input type="checkbox"/> Bi-weekly Pay
	City		State	Zip Code
	Email Address		Home Phone	
	Date of Birth	Date of Hire	Work Phone	
<b>Contribution Information</b>	Based on the date of birth and date of hire provided, you may be eligible to contribute:			
	Normal Limit: \$ <u>18500</u> Age 50+ Provision: \$ <u>0</u> 15 Years+ Provision: \$ <u>0</u>  Total Estimated Annual Contribution Limit: \$ <u>18500</u> <i>Note: These estimated calculations are not a recommendation or guarantee of contribution limits. Please refer to your financial advisor or tax professional to ensure your eligibility for contributions over the normal limit. The Plan Administrator must approve the calculations of the '15 Years' Provision prior to its use.</i>  1. To START plan contributions select the applicable provider and enter the dollar amount of contributions. 2. To CHANGE plan contributions select the applicable provider and enter the new dollar amount of contributions. 3. To CANCEL plan contributions select the applicable provider and enter the 0 (zero) as the amount of contributions.			
	Investment Provider	Account No. (Required)	Contribution Amount	\$3 After-tax Fee**
	▼			
	▼			
	▼			
	▼			
	** An after-tax administration fee of \$3 will be deducted for each account to which an employee is actively contributing if that account is not with a provider that has agreed to pay this administration fee on behalf of the participant. Fee information can be found on page 2 of this form.			
	Total PRE-TAX contribution amount each payroll cycle: \$ _____			
<b>Effective Date of Change</b>	The effective date of this salary amendment agreement is as soon as administratively feasible, but no later than the first applicable payroll in the month following the date of submission in good order (e.g. If the form is received in May, contributions may begin no later than June).			
<b>Financial Advisor Information</b>	Advisor Name		Advisor Phone	
	Email Address		Firm Name	

**Marblehead School District  
403(b) Salary Amendment Agreement  
For Pre-tax Contributions**

<p>Employee Agreement and Important Information</p>	<p>By signing this Agreement, Employee agrees to modify his/her salary as indicated and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity(s) or custodial account(s) selected by Employee and authorized by Employer under the Employer's 403(b) Plan. Employer agrees to properly identify pre-tax 403(b) contributions and after-tax Roth contributions for proper allocation to segregated accounts by the investment providers. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met.</p> <p>Employee understands and agrees that this Agreement:</p> <ul style="list-style-type: none"> <li>• Is legally binding and irrevocable with respect to amounts paid or available while it is in effect and is effective only for amounts not yet earned or made available.</li> <li>• May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary amendment agreement is submitted.</li> <li>• Supersedes all prior 403(b) salary reduction/amendment agreements and shall automatically terminate if employment with the Employer is terminated.</li> </ul> <p>Employee further understands and agrees that Employee:</p> <ul style="list-style-type: none"> <li>• Is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law.</li> <li>• Is responsible for identifying that portion of his/her contribution which is a Roth 403(b) contributions and which portion is a pre-tax 403(b) contribution so that investment providers can properly segregate contributions or apply separate accounting to independently track and monitor each type of contribution.</li> <li>• Is responsible for the accuracy of the information provided by Employee, which may be used in determining Employee's maximum annual contribution limit.</li> <li>• Is solely responsible for any losses suffered by Employee that result from his/her participation in the 403(b) plan and that Employer has no liability for investment performance of Employee's account(s).</li> <li>• Acknowledges that Employer has made no representation regarding the advisability, appropriateness or tax consequences of the purchase of the 403(b) plan. Nothing herein shall affect the terms of employment between Employer and Employee.</li> <li>• Acknowledges and authorizes Employer to share information on employee's account(s) with investment providers and/or plan administrators for compliance purposes.</li> </ul> <p>Although Employer must authorize investment providers, Employer does not choose the annuity contract(s) or custodial account(s) in which 403(b) contributions are invested. Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account, which must be established prior to submission of this Agreement.</p> <p>Employers are responsible for all distributions and any other transactions with the investment provider(s). All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However, Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer to approve any requested transactions by Employees. Employee must cooperate directly with any investment provider or Employer representative, as directed by Employer to exchange contract(s) or custodial account(s) to another investment provider, make distributions, request loans, exchanges or otherwise access 403(b) Plan assets.</p> <p>Employee understands that Employer is authorized to utilize the services of a plan administrator at the discretion of the Employer and, as such, Employer may direct the amount of any salary reduction/deduction to the plan administrator with the intent of having plan administrator distribute such funds to the designated investment provider.</p> <p>Employee understands that the plan administrator charges each investment provider an administration fee of \$3.00 per month for each annuity or custodial account administered in the Plan. In the event the investment provider selected above does not agree to pay the administration fee, Employee authorizes and directs Employer to deduct the administration fee directly from Employee's paycheck each month through an after-tax payroll deduction.</p> <p>I certify that I have read this complete Agreement and that my contributions to the 403(b) Plan do not result in a contribution amount that exceeds the contribution limits under Applicable Law. I understand my responsibilities as an Employee under the 403(b) Plan, and by signing this Agreement, I direct Employer to take the actions specified in this Agreement unless deemed inappropriate by my Employer or plan administrator.</p> <p>By signing this Agreement, I authorize any investment provider, the 403(b) plan administrator, my Employer or their representatives to provide information on my account(s) that may be necessary for compliance purposes or to effectuate such transactions as I may request.</p>
<p>Employee Signature</p>	<p>Employee Signature</p> <p style="text-align: right;">Date</p>