



**Catch-up Deferred Contributions  
401(k) Supplemental and 403(b) Annuity Plans**

Completion of this form allows WCPSS to payroll deduct amounts in excess of \$16,500.00 for the current tax year.

- Annual payroll deductions will not exceed \$16,500.00 without completion of this form
- Employees age 50 & older may contribute an additional \$5,500.00
- Applicable to employees electing to participate in the Catch-up Provision of their insurance plan
- Monthly deductions are arranged directly with the Insurance Company
- One form should be submitted for each tax year
- Forms must be received prior to November 15th of each tax year

Employee Information				
Last Name	First Name	MI	Employee Number	Daytime Phone No. (   )   -
401(k) Supplemental Plan				
Insurance Company <b>Prudential</b>				
Catch-up Provision Elected    Yes <input type="checkbox"/> No <input type="checkbox"/>		Age 50 & Older Provision Applies    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Elected Deduction Amounts	Monthly		Annual	
403(b) Annuity Plan 1				
Insurance Company			Catch-up Provision Elected    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Age 50 & Older Provision Applies    Yes <input type="checkbox"/> No <input type="checkbox"/>		15 Years Service Provision Applies    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Elected Deduction Amounts	Monthly		Annual	
403(b) Annuity Plan 2				
Insurance Company			Catch-up Provision Elected    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Age 50 & Older Provision Applies    Yes <input type="checkbox"/> No <input type="checkbox"/>		15 Years Service Provision Applies    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Elected Deduction Amounts	Monthly		Annual	
Acknowledgement				
<b>Tax Year:</b>   <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <i>Employee Signature</i> </div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <i>Date</i> </div> </div>				

**Please keep a copy for your records  
This form should be faxed to Benefits  
(919) 713-0680**

**Compensation Services Department  
PO Box 28041  
Raleigh, NC 27609-8041**