



457(b) ELECTIVE DEFERRAL CHANGE FORM

A **457(b)** plan's annual **contributions** and other additions (excluding earnings) to a participant's account cannot exceed the lesser of: 100% of the participant's includible compensation, or the elective deferral **limit** of **\$22,500** in **2023**.

Badge #	Participant Last Name	Participant First Name	Middle Initial

I elect to defer _____ (%) of my salary per pay period, beginning effective the 1st of the month following the signature date on this form as **regular** deferral. *(Please enter '0' here if you choose not to defer at this time).*

NOTE: All deductions will occur all 26 pay periods of calendar year.

Participant Signature

Date

For processing, please scan form and email to: Wellness@fhcsd.org

For plan changes & questions, please contact: Jason.Smith@hubinternational.com

Benefits/Payroll Use Only

- Current deferral %: _____ New deferral %: _____
 Change entered in Workday: _____ Change entered in Principal: _____