

**INSTRUCTIONS:**

The IRS places a limit on the amount you are able to contribute to a 403(b) plan each year. You may experience adverse tax consequences if you exceed your annual limit. This worksheet will help you calculate your annual limit. Because the IRS limit and your personal limit may change each year, you should complete and submit a copy of this worksheet every year in which you participate in the Department of Education TSA Program. Please ensure you complete the appropriate worksheet for the applicable year.

Keep a copy for your records, and fax (800-597-8206) or mail a copy to National Benefit Services, LLC, PO BOX 6980 West Jordan, UT 84084

**EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
District/School/Office: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Daytime Ph. No.: \_\_\_\_\_  
Check One:  Classified  Certificated

**2023 403(b) MAXIMUM ALLOWABLE CONTRIBUTION (MAC) CALCULATION:**

Note that your total contributions may not exceed 100% of your compensation.

- 1. Annual base deferral limit: 1. \$22,500
- 2. Age 50 Catch-up
  - 2a. Will you reach Age 50 by 12/31/2023? 2a. Yes / No
  - 2b. If YES enter \$7,500 in line 2b. If NO enter \$0 in line 2b. 2b. \_\_\_\_\_
- 3. Add lines 1, and 2b. This is your maximum 403(b) contribution amount for 2023. This number cannot exceed \$30,000. 3. \_\_\_\_\_
- 4. Enter total of any contributions already made to 403(b) plans during 2023. 4. \_\_\_\_\_
- 5. Subtract line 4 from line 3. This is the total remaining amount you may contribute to a 403(b) plan during 2023. 5. \_\_\_\_\_

**EMPLOYEE SIGNATURE:**

You may rely on the accuracy of this Worksheet if the information you provide is correct and complete and if you do not contribute to any other 403(b), 401(k), or SEP plans. Please make sure the information you provide is correct. By signing this Worksheet, you certify that all the information provided is accurate and you agree to indemnify and hold harmless the State of Hawaii Department of Education and National Benefit Services, LLC from any and all damages which may result from providing inaccurate or incomplete information. You understand and agree that your total annual 403(b) contributions may not exceed the lesser of the amount calculated above or 100% of compensation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date