

Terminal Vacation/PTO / Sick Pay

Employee 403(b)/457(b) Salary Deferral Change Form

Name: _____
(First) (Last) (M.I.)

Employee ID Number: _____ Title: _____

Retirement/Termination Date: _____ Department: _____
(Last day worked)

☐ I elect to defer the amount of my combined Terminal Vacation/ PTO Pay/Sick Pay and regular salary required to reach the IRS maximum allowable contribution amount (not to exceed 75% of my final pay) from my final paycheck into my Yale 403(b) and/or 457(b) plan.* *Check the plans you wish to contribute the IRS maximum amount to below. Please note: Pre-tax and Roth 403(b) have a combined IRS maximum limit.*

☐ Pre-tax 403(b) or ☐ Roth 403(b)

☐ Pre-tax 457(b)

☐ I elect to defer (amount not to exceed 75% of final pay) the amount(s) below of my combined Terminal Vacation/PTO Pay/Sick Pay and regular salary from my final paycheck into my Yale 403(b) and/or 457(b) plan.* *Enter the amount you wish to contribute below.*

☐ Pre-tax 403(b) \$ _____ or ☐ Roth 403(b) \$ _____

☐ Pre-tax 457(b) \$ _____

[Click here for the current IRS maximum allowable limits.](#)

This Agreement, with respect to the amounts shall be legally binding to each of the parties, however, either party may terminate this agreement so that it will not apply by giving advance written notice to the Yale University Benefits Office or to the participant, whichever is applicable.

PARTICIPANT: _____
Signature Date

* These amounts will not exceed the IRS maximum allowable in the current calendar year in accordance with the employee's statutory exclusion allowance under Sections 403b, and 415 of the Internal Revenue Code.

Fax or email form at least 30 days prior to retirement or termination to: Employee Service Center (203) 432-5153 or employee.services@yale.edu.