

Contribution Rate Change

NYC Health + Hospitals TDA Program: 403(b) Plan

Instructions

Please print using blue or black ink. Keep a copy of this form for your records and return the original form to Prudential or fax it to 1-866-439-8602 or you can change your contribution rate on the web at www.prudential.com/nychealthandhospitals.

Prudential
30 Scranton Office Park
Scranton PA 18507-1789

Questions?
Call 1-855-444-2832
for assistance.

About You

Plan number 005011 Facility
Social Security number Daytime telephone number
First name MI Last name
Email address

Contribution Information

Contributions made to the TDA program through New York City Health + Hospitals are deducted from the gross pay. However, for participants contributing to NYCERS, their pay is first reduced by the amount of pay contributed to NYCERS (gross pay - pension contribution)

- Before-Tax Contribution Election. I wish to contribute % (not greater than 70%) of my salary per pay period.
Roth Contribution Election. I wish to contribute % (not greater than 70%) of my salary per pay period on a Roth (post-tax) basis.

If you choose to contribute both Before-Tax Elective Deferrals and Roth, please indicate which one you would like Contribution Acceleration applied to. Before-Tax or Roth

There are mandatory deductions that must be deducted prior to any deferred compensation contributions. Please keep this in mind when selecting your percentage.

Contribution Acceleration

I elect to participate in the auto - escalation program. I also acknowledge that by electing to participate, my contribution will automatically increase by 1% on January 2nd up to a maximum of 15% of my pay. If you would like an alternate annual increase date, please specify below.

Your Authorization

I hereby authorize my employer to make payroll deductions of the stated percentage of salary I have indicated.

X Date
Participant's signature