

**2019** FORM TO REPORT TAX DEFERRED CONTRIBUTIONS TO  
ANOTHER EMPLOYER SPONSORED RETIREMENT PLAN

I estimate that I have contributed or will contribute \$ \_\_\_\_\_\* on a voluntary, tax-deferred basis to another Employer Sponsored Retirement Plan during the 2019 tax year which begins January 1, 2019.

\* Exclude any mandatory, employer-required contributions. But include Roth 403(b) contributions.

The IRS 402(g) tax deferred limit for 2019 is \$19,000 with an additional \$6,000 catch-up provision for employee's reaching age 50 by 12/31/2019.

Check the box that applies:

- As of the date of this form, **my combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have not exceeded the IRS limits**. Please use the above provided amount to offset my 402(g) before-tax limit in 2019. I understand that upon my combined tax-deferred contributions reaching the 402(g) limit, my contributions at UAMS will continue under the UA 457(b) plan up to the applicable limits.
- My combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have already exceeded the IRS limits**. Please **move \$ \_\_\_\_\_** from before-tax to after-tax within my payroll record and my 403(b) Retirement Plan AND use the above amount to offset my 402(g) tax-deferred limit for the remainder of the 2019 calendar year. I understand that my contributions will continue under the UA 457(b) plan up to the applicable limits. I also understand that this increase in my taxable wage base may result in additional Federal and State tax liability. *This option is only available if my last UAMS payroll of 2019 has not yet processed.*
- My combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have already exceeded the IRS limits**. Please **refund \$ \_\_\_\_\_** from my 403(b) Retirement Plan AND use the above amount to offset my 402(g) before-tax limit for the remainder of the 2019 calendar year. I understand that my contributions will continue under the UA 457(b) plan up to the applicable limits. By requesting this refund, I understand this may result in a refund of University matching contributions. I also understand that this increase in my taxable wage base may result in additional Federal and State tax liability.

\_\_\_\_\_  
(Printed Employee Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(SSN)

**INSTRUCTIONS:** Deliver this form to UAMS Office of Human Resources (4C Central Building), scan and email to [AskHR@uams.edu](mailto:AskHR@uams.edu), or fax to UAMS Benefits at (501) 686-5386.