WINDHAM SCHOOL DISTRICT
TAX SHELTERED ANNUITY AGREEMENT

SECTION A: EMPLOYEE INFORMATION (check one)

_____ New (Set-up Annuity) _____ Change Company

_____ Change Amount _____ Cancellation

Employee Name (Please type or print)		Employee Social Security #
Unit	Monthly Amount $	Effective Date Requested Mo. Yr.
Name of Company		
Address of Company (where check is to be mailed)		

I understand the Windham School District does not evaluate whether the program I am signing up for qualifies under IRS Section 403 (b). It is my responsibility to be sure that this is a qualified program.

I request that the employment agreement between us be amended to substitute the payment of Annuity premiums by you in lieu of a portion of the compensation otherwise payable directly to me so that I may obtain the benefit of section 403(b) of the Internal Revenue code, and by resolution adopted by the Board of Education.

I agree that this plan will remain in effect for all subsequent years unless discontinued by me in writing.

_____ _____

Employee Signature Date

_____

Receipt of your request for amendment of our present employment agreement is hereby acknowledged and its terms are accepted.

_____ _____

Administrative Officer for Personnel Effective Date

**NOTE:The Tax Sheltered Annuity Agreement form must be received by Windham Personnel Department by the 6th day of the month to be effective for that month and will be reflected on the check received on the 1st day of the following month.