



The education and research bridge connecting growers and customers

### Benefit Update Form

Please fill out and remit your completed form to the Office Administrator.

Employee Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### RETIREMENT 403B

Current Year Retirement Contribution per Pay Period (24 total)

**2024** \_\_\_\_\_

Coming Year Retirement Contribution per Pay Period (24 total) Annual Contribution

**2025** \_\_\_\_\_

*\*Maximum 403b contribution for 2025 is \$23,500.*

#### FLEXIBLE SPENDING ACCOUNT (FSA)

Current Year FSA Contribution per Pay Period (24 total) Annual Contribution

**2024** \_\_\_\_\_

Coming Year FSA Health Contribution per Pay Period (24 total) Annual Contribution

**2025** \_\_\_\_\_

*\*Maximum FSA Health contribution for 2025 is \$3,200.*

Coming Year FSA Dependent Care Contribution per Pay Period (24 total) Annual Contribution

**2025** \_\_\_\_\_

*\*Maximum FSA Dependent Care contribution for 2025 is \$5,000.*

**TAX**, I would like to modify the tax deduction per paycheck by:

\_\_\_ Have an additional amount deducted in (please circle) State Federal

\_\_\_ I would like to change my tax status by filling out a new W4 (request form from Office Administrator)

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date