

LIVE



BREAKING NEWS

Maximum Allowable Contribution (MAC) Limits for 2023

Client Information Release

U.S. OMNI & TSACG Compliance Services (OMNI/TSACG) is committed to providing our clients with the most current 403(b), 457(b), and 401(k) Plan information as it is released by the IRS. The latest IRS information concerning MAC limits indicates that the normal limit and the age-based additional amount have increased for calendar year 2023.

MAC Limits for 2023

- The normal calendar year limit for 403(b), 457(b) and 401(k) plans will increase by \$2,000 to \$22,500 for 2023.
- The age-based additional amount (age 50 by 12/31/2023) will increase by \$1,000 to \$7,500, which will permit employees age 50 or older in 2023 to contribute up to \$30,000.
- Any other catch-up options that may be applicable to your Plan(s) remain unchanged.

Examples

All employees, regardless of age or years of service, may contribute up to \$22,500 to their 403(b), 457(b) or 401(k) account in 2023. (The limit is coordinated for 403(b) and 401(k) accounts. 457(b) accounts are not coordinated with other plans.)

Employees who will attain age 50 by 12/31/2023 may contribute an additional \$7,500 (up to \$30,000) to 403(b), 457(b) and/or 401(k) accounts in 2023. (This limit is coordinated for 403(b) and 401(k) accounts.)

IRC §415 Limit

The overall employee and employer contribution limit for 401(a), 401(k) and 403(b) plans increases by \$5,000 to a total of \$66,000 effective January 1, 2023.

Questions regarding this information should be directed to your Client Relations Manager.

New York Office

877.544.6664 | www.omni403b.com

 **OMNI & TSACG**
Compliance Services



Klawock City School District

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Michelle Beito
K -12 Principal

Jim Holien
Superintendent

KLAWOCK CITY SCHOOL DISTRICT 403 (b) Acknowledgement

I understand that I, as an eligible employee of the Klawock City School District, have the opportunity to enroll in a 403(b) retirement plan.

- At this time () I have enrolled in a 403 (b) plan
 () I have chosen NOT to enroll in a 403 (b) plan

SIGNATURE:

DATED:

PRINTED NAME

-optional-

POST HIRE QUESTIONNAIRE FOR
SECOND INJURY FUND QUALIFICATION

The purpose of this questionnaire is to preserve the Employer's right to obtain Second Injury Fund reimbursement if you suffer a work-related injury while employment. If the resulting disability is greater due to aggravation of a pre-existing condition, or because the injury combines with the pre-existing condition, the Employer may be able to obtain reimbursement from the Fund for some of the workers' compensation benefits paid to you. The completed questionnaire will be retained in your confidential medical file. You may update the information at any time.

Name _____

Social Security No. _____

Address _____

Date of Birth _____

Telephone _____

Have you ever had, or do you now have, any of the following conditions? *Note: this list is derived from Alaska Statute 23.30.205. PLEASE COMPLETE BOTH COLUMNS.*

YES	NO		YES	NO	
___	___	EPILEPSY	___	___	DIABETES
___	___	MUSCULAR DYSTROPHY (any form)	___	___	HYPERINSULINISM
___	___	PARKINSON'S DISEASE	___	___	TUBERCULOSIS
___	___	POLIOMYELITIS residuals	___	___	LOSS OF SIGHT one or two eyes
___	___	CEREBRAL PALSY	___	___	VISION LOSS greater than 75%
___	___	CEREBRAL VASCULAR ACCIDENT(Stroke)	___	___	bilaterally, uncorrected
___	___	MULTIPLE SCLEROSIS	___	___	VARICOSE VEINS
___	___	CHRONIC OSTEOMYELITIS	___	___	THROMBOPHLEBITIS
___	___	RUPTURED (HERNIATED) INTERVETEBRAL	___	___	ARTERIOSCLEROSIS
___	___	DISC (SPINAL DISK OR H.N.P.)	___	___	CARDIAC DISEASE of any kind
___	___	ANKYLOSIS OF JOINTS (Fused joints)	___	___	SILICOSIS
___	___	OSTEOPOROSIS	___	___	COMPRESSED AIR SEQUELAE
___	___	ARTHRITIS of any kind	___	___	HEAVY METAL POISONING
___	___	SPONDYLOLISTHESIS	___	___	IONIZING RADIATION INJURY
___	___	HEMOPHILIA	___	___	AMPUTATION foot, leg, arm, hand

Have you ever had, or do you now have any condition, disease or injury which resulted in 200 weeks or more of inability to work? *The 200 weeks need not be continuous. If your answer is yes, please briefly describe the condition or injury.* _____

Have you ever had a permanent impairment rating of 35% of the whole person or greater? *If your answer is yes, please state the condition or injury which led to the rating.* _____

READ CAREFULLY, SIGN AND DATE:

I understand that the Employer is relying on me to be honest in my answers, and that concealment of a qualifying condition may result in the Employer having to pay more for workers' compensation benefits than it would if I had disclosed a qualifying condition. I have answered the above questions to the best of my knowledge. I understand that this information will be kept in my confidential medical file and will be used for workers' compensation purposes only.

Signed _____

Dated _____



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name KLANVOK CITY SCHOOL DISTRICT		4. Employer Identification Number (EIN) 02-4000105	
5. Employer address PO BOX 9		6. Employer phone number 607-765-2220	
7. City KLANVOK	8. State NY	9. ZIP code 12025	
10. Who can we contact at this job? YODEAN ARMOUR			
11. Phone number (if different from above)		12. Email address yodean.armour@klanvokschool.com	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

Signature

Date