



DEPARTMENT OF HUMAN RESOURCES

STATE OF VERMONT STATE EMPLOYEE DEFERRED COMPENSATION PLAN EMPLOYEE REQUEST FOR PAYROLL DEDUCTION

I hereby request that the Commissioner of Human Resources withhold from my wages each pay period the amount shown below, to be credited to my benefit in the Deferred Compensation Plan. I request that such action take effect as soon as possible following my complete enrollment in the Deferred Compensation Plan and receipt of this payroll deduction request by the Employee Benefits Unit of the Department of Human Resources and will remain in effect until such time as I become ineligible or notify you in writing to cancel my deductions.

EMPLOYEE NAME	
PRINT CLEARLY (Last, First, Middle Initial):	
EMPLOYEE SIGNATURE:	DATE (MM/DD/YYYY):

EMPLOYEE NUMBER				

Please read this section carefully:

As an employee of the State of Vermont, you are eligible to participate in a long-term retirement investment program known as the Deferred Compensation Plan. You may elect to defer part of your wages for the purpose of contributing to a Sec. 457(b) Pension Plan as allowed by Internal Revenue Service regulations and which the Board of Trustees administers for the State of Vermont Retirement System. Wages that are deferred for this purpose are not subject to either Federal or State tax withholdings. However, the wages are still subject to Social Security deductions and will be reported on your W-2 statement as Social Security wages. Annual contributions are currently limited to \$16,500 unless you are over 50 years of age, in which case the limit is \$22,000.

If you are requesting a deduction for the first time, please contact the Great West Retirement Services sm Plan Representative, at 802-229-2391 **before** you submit this form. Participation in the plan requires that you complete a Great West Retirement Services sm Application Form **in addition** to this Payroll Deduction Form. The Great West Retirement Services sm Application Form will inform the Plan Representative of specific information needed to manage your funds. The Employee Benefits Unit will verify that this has occurred prior to starting deductions and **will reject deduction forms that do not have a corresponding Great West Retirement Services sm Application Form on file.**

Action Requested (please check one):	<input type="checkbox"/> (BEGIN)	<input type="checkbox"/> (STOP)	<input type="checkbox"/> (RESTART)	<input type="checkbox"/> (CHANGE)
Amount of Bi-Weekly Deduction:	\$ _____ or _____%			
Special Request:				
I anticipate separating within 30 days and request that \$ _____ be deducted from my final pay.				

Form may be faxed to Employee Benefits (802) 828-5489 do not send hardcopy, if you fax. You may also mail this form to:

State of Vermont
DHR - Employee Benefits Unit
144 State Street
Montpelier, VT 05620-1701