



VERMONT HIGHER EDUCATION INVESTMENT PLAN
STATE EMPLOYEE REQUEST FOR PAYROLL DEDUCTION

As an employee of the State of Vermont, you are eligible to participate in a higher education savings plan, known as the Vermont Higher Education Investment Plan (VHEIP). You may elect to contribute a portion of your wages into this plan. Participation in the plan requires that you complete a VHEIP Application Form, in addition to this Payroll Deduction Form.

Please print clearly and complete all information requested below:

Employee Name: (Last) (First) (M) Social Security Number

Address: (Street) (City) (State) (Zip)

Employee ID Number: Home Phone Work Phone

PAYROLL DEDUCTION ACTION REQUESTED (please check one): [] BEGIN [] STOP [] RESTART [] CHANGE

EFFECTIVE DATE OF ACTION:

The minimum amount per pay period per Investment Option is \$15 per Designated Beneficiary.

Amount per Pay Period = \$.00

Table with 4 columns: Designated Beneficiary Name, Investment Option Number or Name, Check if New Investment Option, Percentage. Includes a Total Allocation row at the bottom.

I understand that TIAA-CREF Tuition Financing, Inc., has the right to initiate adjustments to my deposits made in error. I hereby request that the Commissioner of Human Resources withhold from my wages each pay period the amount shown above, to be credited to my account in the Vermont Higher Education Investment Plan.

Employee Signature: Date:

Send this form to:

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

****PLEASE DO NOT FAX THIS FORM****
ONLY ORIGINAL SIGNATURESCAN BE ACCEPTED