

## 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:

<b>Employee Name:</b>				Social Secur	Social Security Number		
Ĩ	(Last)	(First)	( <b>M</b> )		·		
Address:							
	(Street)		(City)	(State)		(Zip)	
Employee ID Number:		Н	Home Phone		Work Phone		
PAYROLL DEDU	UCTION AC	TION REQUES	TED (please check	one): BEGIN	🗌 STOP	<b>RESTART</b>	CHANGE
EFFECTIVE DA	TE OF ACT	ION:					

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

Amount per Pay Period = \$\_\_\_\_.00

Designated Beneficiary Name	Investment Option Number or Name	Check if New Investment Option	Percentage
		Total Allocation	100%

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. I request that such action take effect as soon as possible following my completion of the Application Form for the Vermont Higher Education Investment Plan and receipt of this payroll deduction request by the Employee Benefits Unit of the Department of Human Resources.

Employee Signature: \_\_\_\_\_

Send this form to:

Date: \_\_\_\_\_

State of Vermont DHR-Employee Benefits Unit 120 State Street, 5th floor Montpelier, VT 05620-2505

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