



**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: _____ **Social Security Number** _____
(Last) (First) (M)

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 = \$_____.

Designated Beneficiary Name	Investment Option Number or Name	Check if New Investment Option	Percentage
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Allocation			100%

I understand that Intuition College Savings Solutions, LLC 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: _____ **Date:** _____

Send this form to:

**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**