



**VT529 COLLEGE SAVINGS PLAN (administered by VSAC)  
STATE EMPLOYEE REQUEST FOR PAYROLL DEDUCTION**

Permanent employees of the State of Vermont are eligible to participate in a higher education savings plan, known as VT529, which is administered by the Vermont Student Assistance Corporation (VSAC). You may elect to contribute a portion of your wages into this plan. Participation in the plan requires that you **first enroll online at <https://www.vsac.org/plan/saving-for-college-vheip>**

**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 = \$\_\_\_\_\_.00

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"/>	
<b>Total Allocation</b>			<b>100%</b>

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 VT529 Plan. In submitting this deduction form I confirm that my VT529 account has been established through VSAC and payroll deductions can begin as soon as this request can be processed by the DHR Employee Benefits Unit.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send this form to:**

State of Vermont  
DHR-Employee Benefits Unit  
Email to:  
DHR.Benefits@vermont.gov

\*\*\*\*PLEASE DO NOT FAX THIS FORM\*\*\*\*