



NOTE: You must establish an account with one of the vendors below, then complete and submit this form.

ALTERNATE BENEFIT PLAN MANDATORY PENSION FORM

Name _____ Effective Date _____

Upon receipt of this request, please begin semi-monthly salary deductions. This deduction will be five percent (5%) of my base salary.

I understand that this authorization shall begin with the first pay of the month after receipt of this request unless otherwise indicated in the effective date listed above.

- This is a new account authorization.
- This is a change to my existing accounts and supersedes all previous authorizations.

Vendor	Select Vendor Desired	For Use by Payroll Department
AXA		
MASSMUTUAL		
METLIFE		
PRUDENTIAL		
TIAA		
VALIC		
VOYA FINANCIAL		

Employee Signature _____ Employee ID # _____

Office Extension _____ Date _____

For Office Use Only:	Plan: College _____ State _____
HR Signature _____	Received Date _____

Payroll Signature _____ Effective Date _____