

Connecticut Higher Education Trust Connecticut State Employees Automatic Payroll Deduction Authorization Form

Use this form to establish or modify Automatic Payroll Deduction
P.O. Box 150499, Hartford, CT 06115-0499

Questions? Call toll-free 1-888-799-CHET (1-888-799-2438),

Monday through Friday, 8:00 a.m. – 11:00 p.m. ET

Visit www.aboutCHET.com



**CONNECTICUT
HIGHER EDUCATION TRUST
COLLEGE SAVINGS PROGRAM**

Instructions

- Read the *State Employee Checklist* on the next page before completing this form. (**Note: Non-state employees** must use the *Authorization for Automatic Payroll Deduction Form*, which is available in an enrollment kit, online or by calling the Program to request the correct form. **Do not use this form.**)
- Use this form to contribute to your Program Account(s) for one or more Beneficiaries. Be sure to attach an *Account Application* if you are opening a new Program Account for any Beneficiary.
- Instructions contained in this form will replace any previous instructions on file.
- Print in capital letters with blue or black ink, then mail this form to the Program, along with an *Account Application*, if applicable, to the Program at the address indicated above.

1 What would you like to do? (Check only one box, and then complete all applicable sections of this form.)

- Establish payroll deduction
 Change the amount of my contribution
 Change the allocation of my contribution among Options or Beneficiaries
 Cancel payroll deduction

2 State Employee (Account Owner) Information

State Employee ID Number	Employee Social Security or Taxpayer Identification Number	Daytime Telephone Number	
State Employee Name (First, MI, Last, Suffix)			

3 Contribution Instructions (You must complete all applicable parts of this section.)

- Tell us how much you would like to contribute per pay period.**
(The minimum contribution is \$15 per Investment Option, per Beneficiary, per pay period.)
- Contribution Amount per pay period: \$, .
- Tell us when to begin those contributions.** (Unless otherwise indicated, your contributions will begin the pay period following receipt of all paperwork in good order. It may take up to 30 days to initiate this payroll deduction.)
- Effective Date (MM/DD/YY): / /
- Tell us where to deposit your contributions.**
(Use only one form to contribute to all Account(s) for all Beneficiaries, up to a maximum of 10 Investment Options.)

Beneficiary Name (Provide first and last name.)	Investment Options (Fund codes and names appear on the next page.)	Is this a new Option?	Percentage of each contribution			
1.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
2.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
3.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
4.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
5.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
6.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
7.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
8.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
9.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
10.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			. 0 0	%
Total Allocation Per Pay Period			1	0	0	0 %

4 State Employee (Account Owner) Authorization and Signature

(You must sign exactly as your Account is registered.)

By signing below, I authorize the State of Connecticut, Office of the State Comptroller to deduct the amount designated in Section 3 from my wages or salary and to remit the amount deducted to the Connecticut Higher Education Trust for deposit into my Account(s) designated on this form. My participation in this payroll deduction is voluntary and I understand that I may end it upon written notice to the Program. I acknowledge that it may take up to 30 days to initiate, modify or cancel this payroll deduction upon receipt of paperwork in good order.

I also understand that neither State of Connecticut, Office of the State Comptroller nor any employee of the State of Connecticut, Office of the State Comptroller, nor TIAA-CREF Tuition Financing, Inc. or its affiliates shall incur liability for errors or omissions made in the administration of my payroll deduction. I authorize State of Connecticut, Office of the State Comptroller to recoup funds erroneously remitted on my behalf. TIAA-CREF Tuition Financing, Inc., and/or its agents, has the right to adjust my Account(s) for any contributions made on my behalf.

--

State Employee Signature (The State Employee must be the Account Owner or the Custodian for a Minor.)

Date

State Employee Checklist

This checklist has been developed to help State employees establish payroll deduction for their Program Account(s). Please read it carefully **before** completing this *Connecticut State Employees Automatic Payroll Deduction Authorization Form*.

- ✓ Be sure to include both your State Employee ID and Social Security or Taxpayer Identification Number on this form. That's how your payroll deduction is remitted to the Program for deposit into your Account(s).
- ✓ Use only whole percentages to allocate your contributions and make sure that your total allocation equals 100%.
- ✓ Be sure to verify that the percentage allocation for each Account results in at least \$15 being contributed to each Investment Option (for each Beneficiary), per pay period.

For example, a \$60 payroll deduction per pay period could be allocated 25% into 4 Investment Options (4 x \$15 = \$60). There are other allocation choices, of course, but the dollar amount allocated to each Investment Option (for each Beneficiary) must be no less than \$15.

Your form will be rejected in its entirety if your allocation for any Investment Option (for any Beneficiary) is not a whole percentage or if the deposit amount for any Investment Option (for any Beneficiary) is less than \$15 per pay period.

- ✓ Select from one or more of the following Investment Options for each Account you own:

Investment Option Name	Fund Code
Managed Allocation Option	(Age based)
High Equity Option	1955
Principal Plus Interest Option	1956

- ✓ The State Employee must be the Account Owner on all Program Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ Sign your name exactly as it appears on your existing Account or on the new *Account Application*, if applicable.
- ✓ Make a copy of this completed form for your records, and then mail the original form and your new *Account Application*, if applicable, to the Program at the address below.
- ✓ Use this *Connecticut State Employees Automatic Payroll Deduction Authorization Form* to add, change or stop payroll deductions at any time. Copies are available at www.aboutCHET.com. Just click on *Service Forms* to obtain any Program form.
- ✓ **Questions?** Call toll-free 1-888-799-CHET (1-888-799-2438).

Mail this form to:

Connecticut Higher Education Trust
P.O. Box 150499
Hartford, CT 06115-0499



Program Administration by TIAA-CREF Tuition Financing, Inc.
Distributed by Teachers Personal Investors Services, Inc.
and TIAA-CREF Individual & Institutional Services, LLC

CT0602.EPD