

# Connecticut Higher Education Trust

## State of Connecticut Employee Payroll Deduction Form

Use this form to establish or modify Payroll Deduction

Use this form only if you are a State of Connecticut Employee.

### Questions?

**Mail:** CHET, P.O. Box 150499, Hartford, CT 06115-0499

**Call:** 1-888-799-CHET (1-888-799-2438) (toll-free)

**Visit:** [www.aboutCHET.com](http://www.aboutCHET.com)



### Instructions

- Read the *Disclosure Booklet* and the *State of Connecticut Employee Checklist* on the next page before completing this form. (A special note to non-State of Connecticut employees: STOP HERE. Use the *Payroll Deduction Form (for non-State of CT employees)*, which is available online or by calling the Program. **Do not use this form.**)
- State of Connecticut employees must use this form to contribute to any 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 instructions previously submitted to the Program. You can obtain additional copies of this form, or of any Program form, by visiting [www.aboutCHET.com](http://www.aboutCHET.com) (and clicking on *Account Forms*) or by calling the Program.
- 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 all that apply and complete all applicable sections of this form.)

<input checked="" type="checkbox"/> Establish payroll deduction	<input type="checkbox"/> Change the amount of my contribution	<input type="checkbox"/> Change the allocation of my contribution among Options or Beneficiaries	<input type="checkbox"/> Cancel my payroll deduction
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## 2 State of Connecticut Employees (Account Owner) Information

0 0 1 2 3 4	0 1 2 - 3 4 - 5 6 7 8
CT State Employee ID Number	CT State Employee Social Security or Taxpayer ID Number
J O H N A	S A M P L E
CT 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-YYYY):   -   -

- 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. Anne M Sample	1955	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<input type="text" value="2"/> <input type="text" value="5"/> . <input type="text" value="0"/> <input type="text" value="0"/> %
2. Anne M Sample	2253	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<input type="text" value="2"/> <input type="text" value="5"/> . <input type="text" value="0"/> <input type="text" value="0"/> %
3. David R Sample	2251	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<input type="text" value="2"/> <input type="text" value="5"/> . <input type="text" value="0"/> <input type="text" value="0"/> %
4. David R Sample	1956	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<input type="text" value="2"/> <input type="text" value="5"/> . <input type="text" value="0"/> <input type="text" value="0"/> %
5.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. <input type="text" value="0"/> <input type="text" value="0"/> %
6.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. <input type="text" value="0"/> <input type="text" value="0"/> %
7.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. <input type="text" value="0"/> <input type="text" value="0"/> %
8.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. <input type="text" value="0"/> <input type="text" value="0"/> %
9.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. <input type="text" value="0"/> <input type="text" value="0"/> %
10.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. <input type="text" value="0"/> <input type="text" value="0"/> %
<b>Total Allocation Per Pay Period</b>			<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> . <input type="text" value="0"/> <input type="text" value="0"/> %

## 4 State of Connecticut Employees (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 or 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 the 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.

*John A Sample*

*February 19, 2008*

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

Date

### State of Connecticut Employee Checklist

This checklist has been developed to help State of Connecticut employees establish payroll deduction for their Program Account(s). Please read it carefully **before** completing this *State of Connecticut Employee Payroll Deduction 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 any allocation results in an amount of less than \$15 for any Investment Option (for any Beneficiary).
- ✓ 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)	Social Choice Equity Option (2260)
Aggressive Managed Allocation Option (Age based)	Principal Plus Interest Option (1956)
High Equity Option (1955)	100% Fixed Income Option (2253)
100% Equity Index Option (2251)	Money Market Option (2261)

- ✓ The State of Connecticut 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 *State of Connecticut Employee Payroll Deduction Form* to add, change or stop payroll deductions at any time.
- ✓ Obtain additional copies of this form, or of any Program form, by visiting [www.aboutCHET.com](http://www.aboutCHET.com) (and clicking on *Account Forms*) or by calling the Program.
- ✓ **Questions?** Visit [www.aboutCHET.com](http://www.aboutCHET.com) or call toll-free 1-888-799-CHET.

### Mail this form to:

#### Overnight Mail

Connecticut Higher Education Trust  
30 Dan Road  
Canton, MA 02021-2809

#### Regular Mail

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



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