



# Connecticut Higher Education Trust Payroll Deduction Form (for non-State of CT Employees)

Use this form to establish or modify Payroll Deduction  
**Use this form only if you are not a State of Connecticut Employee**  
**Questions?** Call toll-free 1-888-799-CHET (1-888-799-2438)  
 P.O. Box 150499, Hartford, CT 06115-0499  
 Visit [www.aboutCHET.com](http://www.aboutCHET.com)

## Instructions

- Read the *Disclosure Booklet* and the *Employee Checklist* on the reverse side before completing this form.  
**(A special note to State of Connecticut employees: STOP HERE.** Use the *State of Connecticut Employee Payroll Deduction Form*, which is available online or by calling the Program. **Do not use this form.** )
- Only non-State of Connecticut employees should 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 instructions previously submitted to the Program **in their entirety.** You can obtain additional copies of this form, or of any Program form, by visiting [www.aboutCHET.com](http://www.aboutCHET.com) or calling the Program.
- Print in capital letters with blue or black ink. **Give a copy of this form to your Employer and mail the original to the Program,** along with an *Account Application*, if applicable, at the address indicated above.
- Note:** The Program can only accept payroll contributions via Automated Clearing House (ACH) funds. If your employer cannot support ACH, please consider establishing an Automatic Contribution Program (ACP). Visit the web site or call the Program for more information.

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

<input type="checkbox"/> <b>Establish payroll deduction</b> Check this box to establish payroll deduction for the first time.	<input type="checkbox"/> <b>Change allocation</b> Check this box to reallocate among Options or Beneficiaries. <b>Use one form for all accounts or call the Program to make this change.</b>	<input checked="" type="checkbox"/> <b>Increase/decrease amount</b> Contact your employer to change the amount or to stop payroll deduction. <b>Do not submit this form to the Program.</b>
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## 2 Employee Information *(The employee must be the Account Owner or the Custodian for a Minor.)*

- -	<b>Note: Do not use this form if you are a State of Connecticut employee.</b>
<i>Employee Social Security or Taxpayer Identification Number</i>	
[Grid for SSN/ID Number]	
<i>Employee Name (First, MI, Last, Suffix)</i>	
[Grid for Employee Name]	
<i>Employer Name</i>	
[Grid for Employer Name]	
<i>Employer Address</i>	
[Grid for Employer Address]	
<i>City, State, Zip</i>	
[Grid for City, State, Zip]	
<i>Employer Contact Name</i>	
[Grid for Employer Contact Name]	
( [Grid] ) - [Grid]	E x t. [Grid]
<i>Employer Contact Telephone Number</i>	

## 3 Employer Instructions *(You must complete all applicable parts of this section.)*

- ✓ **Tell your employer how much to deduct from your pay each pay period.**  
*The minimum contribution is \$15 per Investment Option, per Beneficiary, per pay period.*  

<b>Contribution Amount per pay period:</b>	\$	[Grid]	,	[Grid]	.	0	0
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- ✓ **Tell your employer when to begin these deductions.**  
*Unless otherwise indicated, your deductions will begin as soon as possible following receipt of all paperwork in good order.*  

<b>Effective Date (MM/YY):</b>	[Grid]	-	2	0
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- ✓ **Tell your employer if this is a new or existing payroll deduction plan.**  
*Your employer may require you to complete a different form to request payroll deduction.*  

<input type="checkbox"/> <b>New Plan</b>	<input type="checkbox"/> <b>Existing Plan</b> <i>(change amount)</i>
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### Important Information for Employers

The Plan can only accept payroll contributions via Automated Clearing House (ACH) funds. If your company cannot support ACH, please advise your employee accordingly. Payroll deductions will not be accepted by check or other methods of payment. Please refer to the *Employer Checklist* on the next page.

**4 Allocation Instructions** (You must complete all applicable parts of this section.)

- ✓ **Tell the Plan where to deposit your contributions.**  
Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper, if needed.  
Allocation instructions you provide in this section apply to your payroll deduction contributions only – not to future contributions you may make to this account by check, automatic contribution plan, or any method except payroll deduction contributions.

Beneficiary Name (Provide first and last name.)	Investment Options (Fund codes and names appear below.)	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 %
<b>Total Allocation Per Pay Period</b>			<b>1</b>	<b>0</b>	<b>0</b> . <b>0</b> <b>0</b> %

**5 Employee Authorization and Signature** (You must sign exactly as your Account is registered.)

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my *Connecticut Higher Education Trust (CHET)* Account(s). I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize CHET and its agents to make adjustments to my Account(s) to correct such error.

I understand that my CHET Account(s) may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by CHET, or upon termination of my employment with my employer.

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

Date

**Employee Checklist**

This checklist has been developed to help (non-State of Connecticut) employees establish payroll deduction. Please read it carefully.

- ✓ Be sure to include your Social Security Number 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 one form to allocate your payroll deduction into your Account(s) for one or more Beneficiaries. Use an additional sheet of paper, if needed, as long as the total allocation for all accounts equals 100%. Your payroll deduction form will be rejected in its entirety if an allocation is not a whole percentage or if it results in a contribution amount of less than \$15 for any Investment Option.
- ✓ Refer to there Disclosure booklet, then select from one or more of the following Investment Options for each Account you own:

Investment Option Name (Fund Code)	
Moderate Managed Allocation Option (Age based)	Social Choice Equity Option (2260)
Aggressive Managed Allocation Option (Age based)	Active Fixed Income Option (2253)
Conservative Managed Allocation Option (Age based)	Index Fixed Income Option (2281)
Active Equity Option (2282)	Principal Plus Interest Option (1956)
High Equity Option (1955)	Money Market Option (2261)
Equity Index Option (2251)	

- ✓ The employee must be the Account Owner on all Account(s). You cannot contribute into an Account owned by anyone else.
- ✓ It may take up to 10 days from the receipt of this form by CHET before a payroll deduction can be accepted.
- ✓ **Deliver a copy of this form to your (non-State of Connecticut) employer's payroll office to begin payroll deductions. You must contact your (non-State of Connecticut) employer to change the amount or to stop payroll deduction.**

**Employer Checklist**

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully **before** sending funds to the Program on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ Code the account type (i.e., deposit) as "Checking" and transmit the funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field. The first 8 digits identify the *Connecticut Higher Education Trust*, i.e., DDA account number 99053373, and the next 9 digits identify the employee, i.e., the employee's Social Security Number or Taxpayer Identification Number. Do not use any dashes or spaces. It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ **Questions?** Visit [www.aboutCHET.com](http://www.aboutCHET.com) or call toll-free 1-888-799-CHET.

**Mail this form to:**

**Regular Mail**

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

**Overnight Mail**

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

