**Please fax completed form to the Office of the State Treasurer at 302/677-7031.**



**Sick\Vacation Deferral Form**

**State of Delaware 457b Plan**

(Use this form only for contributions to the 457(b) Plan)

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| --- |
| **Notice to employee:** **If you are not currently enrolled in the Deferred Comp Plan, contact Voya Financial at (800) 584-6001 or** [**www.delawaredefer.com**](http://www.delawaredefer.com/) **to enroll before retirement date.** |
|  **The Office of State Treasurer Treasurer** | **must receive this signed form no later than the end of the month prior to the month you will receive your** |  |
|  | **payout check (the check includes your accumulated sick and vacation pay).** |  |
| Last Name (Please Print) First Name M.I. | DOB |
| Home Address - StreetCity / Town State Zip | Employee ID# |
| Home Phone |
| Agency or School District Name of Payroll Representative Phone |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Retirement or Separation:** |  | **Date of Payout Check:** |  |
| **Sick Leave Payout:** |  | **Vacation Leave Payout** |  |
| **Additional Salary:** |  | **Total Gross Pay:** |  |

Please specify your deduction amount. For 2020, the maximum amount for the calendar year is **$19,500**. In addition, if you are at least 50 years of age by the end of 2020, you can defer an additional **$6,500**. Please indicate whether the amount to be deferred is a pre-tax or after tax “Roth” deduction. **Please note that amount deferred are before State and Federal taxes but not before social security taxes.**

 Pre-tax Roth Deduction amount: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Please verify your payout information with your Payroll Representative, sign and date the form, and fax it to the attention of the Office of the State Treasurer at (302) 677-7031.**

*Last updated 12.31.19*