

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)

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 to enroll before retirement date.
- The Office of State 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).**

<hr/> <div style="display: flex; justify-content: space-between;"> Last Name (Please Print) First Name M.I. </div>	<hr/> <div style="text-align: center;">DOB</div>
<hr/> <div style="text-align: center;">Home Address - Street</div>	<hr/> <div style="text-align: center;">Employee ID#</div>
<hr/> <div style="display: flex; justify-content: space-between;"> City / Town State Zip </div>	<hr/> <div style="text-align: center;">Home Phone</div>
<hr/> <div style="display: flex; justify-content: space-between;"> Agency or School District Name of Payroll Representative Phone </div>	

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 2022, the maximum amount for the calendar year is **\$20,500**. In addition, if you are at least 50 years of age by the end of 2022, 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.