

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



# Sick\ Vacation Deferral Form

## State of Delaware 403(b) Plan

(Use this form only for contributions to the 403(b) Plan)

**Notice to employee:**

- If you are not currently enrolled in the 403(b) plan, contact Voya Financial at (800) 584-6001 or [www.delawaredefer.com](http://www.delawaredefer.com) to enroll before retirement your 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/>			<hr/>
Last Name (Please Print)		First Name	DOB
<hr/>			<hr/>
Home Address - Street			Employee ID#
<hr/>			<hr/>
City / Town	State	Zip	Home Phone
<hr/>			
Agency or School District		Name of Payroll Representative	Phone

<b>Date of Retirement or Separation:</b>		<b>Date of Payout Check:</b>	
<b>Sick Leave Payout:</b>		<b>Vacation Leave Payout</b>	
<b>Additional Salary:</b>		<b>Total Gross Pay:</b>	

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.**

*Last updated 11.2.21*