

DEPARTMENT OF RETIREMENT SYSTEMS (DRS) VOLUNTARY DEDUCTION

◆ FORM MUST BE RETURNED TO GET ◆



Initiate Change Cancel

Use this form to initiate or make changes to your voluntary GET deduction. If you have any questions about your voluntary deduction, please call us directly. Staff of the Department of Retirement Systems cannot answer any questions about your voluntary deduction and will refer you to the GET Program.

Retiree Information

Retiree Name _____ SSN _____
 Mailing Address _____ Home Phone Number _____
 City/State/ZIP _____ Work Phone Number _____
 Email Address _____ Cell Phone Number _____

GET Account Information

GET Account Owner (If different than retiree): _____

Student Beneficiary Name (Required)	GET Account Number (Required)	Social Security Number (Required)	Monthly Deduction Amount (\$5 min. per GET Account)

Required - Total Authorized Monthly Deduction Amount \$ _____

Department of Retirement Systems Information

Check the Retirement System/Plan code (check one):

- P1 = PERS 1 T1 = TRS 1 E2 = SERS 2 L1 = LEOFF 1 N2 = PSERS 2 S1 = WSP 1 U1 = JUDICIAL
 P2 = PERS 2 T2 = TRS 2 E3 = SERS 3 L2 = LEOFF 2 T2 = TRS 2 S2 = WSP 2 J1 = JUDGES
 P3 = PERS 3 T3 = TRS 3

Retiree's Signature - Required

At my own risk, I authorize DRS to regularly deduct a sufficient amount from my retirement allowance to pay the premiums for my voluntary payment deduction issued at my request under this program. I hold DRS harmless for any problems or payment charges that occur between GET and myself.

Deductions will continue until:

- I write to GET and DRS, asking for my deductions to end.
- The deduction plan is terminated.

Retiree's Signature _____

Date _____

GET Use Only Deduction Begins: _____ Vendor ID: **3183** Amount: \$ _____