DEPARTMENT OF RETIREMENT SYSTEMS (DRS) VOLUNTARY DEDUCTION

♦FORM MUST BE RETURNED TO GET♦

WA529 **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   GET Forms must be signed by hand. E-Signatures will not be accepted.

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: **$** _____