State of Illinois
Department of Central Management Services

STATE EMPLOYEES' DEFERRED COMPENSATION PLAN
CHANGE FORM

Type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Fill out your name, social security number and payroll code number; complete additional information only if it reflects a change. For more information, call the Deferred Compensation Office at 1-800/442-1300, 1-217/782-7006 or TDD 1-800/526-0844.

Scan forms to: CMS.Ben.DefComp@illinois.gov
Fax: 217-782-7640 ~ Office: 217-782-7006

Last Name _____ First Name _____ Middle Initial _____ SSN _____

Street _____ City _____ State _____ ZIP Code _____ Birth Date _____

Agency or University _____ Work Phone _____ Home/Cell Phone _____

Work Address _____ Payroll Code # (see your pay stub) _____

SECTION A: DESIGNATE A PLAN - A separate Change Form is required if you wish to make a contribution amount change in both the pre-tax and Roth (after-tax) accounts.

☐ Pre-tax Deferred Compensation ☐ After-tax Roth

SECTION B: TRANSACTION TYPE - Check Appropriate Box(es)

☐ Change in Contribution Amount (Complete Section C
☐ Change of Mailing Address (Home)
☐ Name Change (State Previous Below) _____
☐ Revocation (Complete Section D)
☐ Change of Work Address
☐ Transfer to New Agency
(Effective Date) _____ *(mm/dd/yyyy)*

SECTION C: AMOUNT OF CONTRIBUTION - The minimum amount of contribution is $10 per pay period or $20 per month, whichever is greater. Indicate the amount to be deducted from each paycheck. Contribution changes can be effective no sooner than the first pay period of the next month.

☐ I hereby elect to participate in the State Employees' Deferred Compensation Plan. I authorize the State of Illinois to deduct from my total compensation, the amount stated below, each pay period until my termination, modification or revocation of this amount, beginning on the pay period designated below:

Amount to be deducted each pay period: _____ ☐ First Pay Period ☐ Second Pay Period in _____ *(mm/yy)*

SECTION D: REVOCATION OF CONTRIBUTION

☐ I hereby revoke my election to participate in the State Employees' Deferred Compensation Plan, effective the pay period beginning with the choice below:

☐ First Pay Period ☐ Second Pay Period in _____ *(mm/yy)*

READ THIS INFORMATION COMPLETELY BEFORE SIGNING

1. I am aware that the change in my contribution amount may be effective no sooner than the first pay period of the next month.
2. I am aware that my contributions will continue to be invested as previously instructed, and that if I wish to make an investment allocation change I may do so by calling the Plan's record keeper (T. Rowe Price) at 1-888-457-5770.
3. I am aware that my revocation may be effective immediately following approval by the Department.
4. I am aware that any Name, Address, or Agency change will be effective upon approval of this form.

Signature X _____ Date _____

Send this completed form to your Agency Liaison - or send directly to the Department of Central Management Services.

Liaison Name _____ Agency _____

Date _____ Phone Number _____

Approval of Deferred Compensation Office required before any transaction takes place.

Date _____ By _____

In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity.

Central Management Services requests disclosure of information that is necessary to establish its obligations, primarily the statutory purposes under the State Employee Group Insurance Act (5 ILCS 375). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a change of address. Social Security numbers are used in the application process to properly identify members and their dependents, if any. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq.