



Kentucky's Affordable Prepaid Tuition

**Kentucky State Government Employee
Payroll Deduction Authorization Form**

If you are a Kentucky state government employee who wants to pay your KAPT monthly payment through payroll deduction, please complete this form and **return it to the KAPT office** by mail to KAPT, KHEAA, PO Box 798, Frankfort, KY 40602-0798 or by fax to 502.696.7373. This form is available at www.getKAPT.com, or you may request it by calling 1-888-919-KAPT.

Please note the following:

- You must open a KAPT account by submitting a KAPT application and application fee during a KAPT enrollment period before requesting KAPT payroll deductions. (Newborns can be enrolled year round.)
- KAPT payments can be deducted from the paycheck that is received on the 15th of the month, 30th of the month, or split between the 15th and 30th paychecks. If you split your deduction, your first deduction should begin with the paycheck you receive on the 15th of the month.
- KAPT payments are due on the first of each month. Payroll deduction should begin in the month **before** your KAPT payment is due. For example, if your KAPT payment is due on February 1 and you are splitting your payment between pay periods, your deductions should begin with the January 15th paycheck. If you are not splitting deductions, your deduction should begin either on January 15th or January 30th, depending on the deduction date you choose. If your KAPT payment is not received in full by the first of each month, you will be assessed a late fee.
- Your total deduction amount must equal the amount due to KAPT each month for all of your KAPT accounts.
- KAPT payments are **after-tax** contributions.
- Contact the KAPT office if you move to a different state agency or if you leave state government.
- Submit an amended payroll deduction authorization to the KAPT office if you want to make any change to your payroll deduction (for example, a change due to the upgrade, downgrade, payment in full, or addition of a KAPT account).

Employee name: _____

Social Security number: _____

Work phone number: _____

Agency name: _____

Agency address: _____

I hereby authorize my employer to make the following payroll deduction effective with the pay date of

_____.

This represents: _____ New Authorization _____ Amendment

The total deduction amount shall be _____ and shall be (choose one):

_____ Split between both pay periods (deduction must start with the 15th paycheck).

_____ Deducted entirely from the 15th paycheck (2nd pay period).

_____ Deducted entirely from the 30th paycheck (1st pay period).

This deduction will continue until changed or cancelled by the employee through submission of an amended payroll authorization form.

Employee Signature: _____

Date: _____