

DEFERRAL CHANGE FORM



Name:	Social Security Number/OR Number
Address:	Home Phone:
	Work Phone:
Email Address:	Employer or State Agency:

Please change my current deferral to:

Pre-tax _____ % or \$ _____ Per Pay Period

Check here if you are electing the Age 50+ Catch up

Please Note: Your contributions will be allocated into the funds you had chosen previously; if you want to change these allocations, log into your account at osgp.voya.com or call 800-365-8494.

X _____
Participant's Signature (Do not print) Date

Send form to: City of Springfield Payroll Department