

Name: _____ (Last name) _____ (First name) _____ (Middle initial)

Social Security Number: _____ Birth Date: _____ mm/dd/yyyy Gender: Male ___ Female ___

Email Address: _____ Telephone Number: _____

As a mandatory participating SUSORP member, I elect the following:

Provider Company	<u>Required Employer and Employee Contributions</u> The total employer contribution is 5.14%. I choose to allocate contributions to one or more provider companies as indicated below. My 3% required employee contribution will also be allocated at the same ratio.	<u>Voluntary Employee Contribution</u> Total percentage must not exceed 5.14% of your salary.
TIAA	%	%
VALIC	%	%
VOYA	%	%
EQUITABLE	%	%
	Total ____% (Must equal 5.14%)	Total ____% (Must not exceed 5.14%)

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