



DEPARTMENT OF RETIREMENT SYSTEMS (DRS) VOLUNTARY DEDUCTION

◆ FORM MUST BE RETURNED TO GET ◆

New       Change       Inactivate

Please use this form to initiate or make changes to your voluntary GET deduction. If you have any questions about your voluntary deduction, please 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.

**1. Retiree Information**

Retiree Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**2. GET Account Information**

GET account owner (If different than retiree): \_\_\_\_\_

Student Beneficiary Name	GET Account Number (Required)	Social Security Number (Required)	Monthly Deduction Amount (\$20 min. per GET Account)

*Required* - Total Authorized Monthly Deduction Amount \$ \_\_\_\_\_

**3. 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

**4. Retiree's Signature - Required**

*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:*

1. I write to GET and DRS, asking for my deductions to end;
2. The deduction plan is terminated.

Retiree's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>GET Use Only</b>	Deduction Begins: _____	Vendor ID: <b>3183</b>	Amount: \$ _____
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