DEPARTMENT OF RETIREMENT SYSTEMS (DRS) VOLUNTARY DEDUCTION
♦FORM MUST BE RETURNED TO GET♦

GET
Guaranteed Education Tuition℠

☐ **Initiate** ☐ **Change** ☐ **Cancel**

Use this form to initiate or make changes to your voluntary GET deduction. If you have any questions about your voluntary deduction, please call 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 **$** 0.00

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**

GET Use Only **Deduction Begins:** _____ **Vendor ID:** **3183** **Amount:** **$** _____

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)

Rev 11/2013 **Questions:** GETInfo@wsac.wa.gov or 1.800.955.2318