

DEFERRAL CHANGE FORM



Name:	Employee ID#
Address:	Home Phone:
	Work Phone:
Email Address:	

Please change my current deferral to:

PRE-Tax _____ % or \$ _____ Per Pay Period

ROTH After-Tax _____ % or \$ _____ Per Pay Period

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 Date

Send form to: City of Springfield Payroll Department