

PAYROLL DEDUCTION OPTIONS

DIRECT DEPOSIT to savings or checking account:
Enrollment form must be completed and turned in to the Business Dept. by the 20th of the month to take effect that month.

SECTION 125 CAFETERIA PLAN: This employee benefit allows certain medical and dependent care expenses, and insurance premiums to be paid for on a pre-taxed basis. Administered by American Fidelity Assurance Co., 866-576-0201

CANCER INSURANCE: American Fidelity Assurance Co offers cancer insurance coverage for benefits above and beyond your regular health insurance. Cost varies with the amount of coverage. American Fidelity Assurance Co-866-576-0201

OPTIONAL LIFE/LTD/ STD INSURANCE:
offered through OEGB and carried by Standard Insurance Company. Open enrollment is August 15 – September 15 of each year. Please call OEGB or go online to view policy coverage options and premiums. Phone: 888-4MY-OEGB.

Website: <http://www.oregon.gov/DAS/OEGB>

OEGB: 1-888-4-MY-OEGB : Insurance Questions
Website: <http://www.oregon.gov/DAS/OEGB>

PERS: 888-320-7377
PO BOX23700
Tigard, OR 97281-3700

403(b) / 457 ACCOUNT INSTRUCTIONS

Authorized Providers to receive Contributions, Exchanges, and Transfers:

403b Providers:

American Fidelity Assurance Co
800-450-3506

United Financial NW (PlanMember)
www.unitedfinancialnw.com
Phone: (503) 922-1282

457 Provider:

Oregon Savings Growth Plan:
800-365-8494

IMPORTANT INFORMATION TO EMPLOYEES:

The following steps MUST be completed in order to implement the following Tax Sheltered Annuity processes:

Initial startup of an account:

Employee must make contact with an approved provider to initiate paperwork.

Once Payroll has been notified by the employee's provider of their initial account set up, the employee is required to complete the following forms:

403(b):

AF Plan SERV Salary Reduction Agreement
SCESD Salary Reduction Agreement

457:

AF Plan SERV Salary Reduction Agreement
SCESD Salary Reduction Agreement

Increase or decrease of contributions to an existing account:

Employee must make contact with their provider to initiate paperwork.

Once Payroll has been notified by the employees provider of initial account set up – the employee is required to complete the following form in payroll:

403(b):

AF Plan SERV Salary Reduction Agreement
SCESD Salary Reduction Agreement

457:

AF Plan SERV Salary Reduction Agreement
SCESD Salary Reduction Agreement

Terminating an account:

Employee must make the termination request in writing using the following form:

403(b):

AF Plan SERV Salary Reduction Agreement

457:

Email from the employee to the Business Office requesting the date the deduction is to cease.