

Dickinson

Emeriti Election Form

Name: _____
(please print)

Please deduct the following amount from my paycheck over the course of the year for the Emeriti Retirement Health Solutions Plan. These contributions will be made on an after-tax basis and as such there is no limit to how much I can contribute. By executing this election form, I acknowledge that the election shall continue until I give written notice to the College that this agreement shall be terminated or changed.

Please specify either an annual amount or a per pay amount.

Emeriti payroll deduction

Annual Amount

Per Pay Amount

\$ _____

\$ _____

Signature

Date

*Please forward to Human Resource Services.
If you do not currently have an Emeriti account, additional information may be required.*