



TIAA Retiree Healthcare Savings Plan

Name: _____

(please print)

Please deduct the following amount from my paycheck for the TIAA Retiree Healthcare Savings 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 a per pay amount:

Per Pay Amount \$ _____

Signature

Date

*Please forward to Human Resource Services.
If you do not currently have a TIAA RHSP account, additional enrollment may be required.*