

Date:

Mail Slot #37, PO Box 1878, Tallahassee FL 32302-1878 Fax 850-514-5803 • Phone 800-872-0345

Tax Sheltered Annuity (TSA) Administrative Services Cash Matching Agreement

Commonwealth of Virginia Department of Accounts

Please use this form to direct your Virginia Cash Match employer contribution to the participating provider company of your choice. Upon completion, return this form to your Payroll Administrator.

New Enrollment	Cash Match			
\square I would like to s	tart my Cash Match			
Provider Company	<i>r</i> :			
Effective with Che	ck Date:			
Change of Provid	ler			
-	hange my Cash Match			
Old Provider Com	pany:			
New Provider Com	npany:			
Participant Infor	mation			
Agency #:		Age	ncy Name:	
First Name		MI	Last Name	
Social Security #	Employee ID#		Home Phone #	Work Phone #
Home Address			Date of Birth	Date of Hire
City			State	Zip
				I
		· · · · · · · · · · · · · · · · · · ·		
Participant Signature			Date	
Employer Representative			Date	
Title				

Employees who are participants of the VRS Hybrid Retirement Plan can only receive the cash match once they have enrolled up to the maximum percentage of voluntary contribution.