

Senior Management Service Optional Annuity Program (SMSOAP)
Change Form



PO Box 9000 Tallahassee, FL 32315-9000
Toll Free: 877-377-3675 Local: 850-488-8837 Fax: 850-410-2196

Name: _____
(Last name) (First name) (Middle initial)

Social Security Number: _____ Birth Date: _____ Gender: Male ___ Female ___
mm/dd/yyyy

Supplying email address and telephone number is not mandatory, but can speed resolution of Division questions.

Email Address: _____ Telephone Number: (____) _____

As a participating SMSOAP member, I elect the following changes:

Provider Company	Required Employer and Employee Contributions Total contributions are disbursed based upon the employer contribution rate of 6.27%. If you choose to allocate contributions to more than one provider, please indicate the amounts below. The Division of Retirement will allocate your 3% employee contributions at the same ratio.	Voluntary Employee Contribution (after-tax contributions must not exceed 6.27% of your salary)
VOYA OAP		
TIAA OAP		
VALIC OAP		
Equitable OAP		
	Total ____% (must equal 6.27%)	Total ____% (must not exceed 6.27%)

I understand that:

1. It is my responsibility to ensure that my tax-deferred income deductions do not exceed the maximum amount set in the Internal Revenue Service Code and Regulations.
2. I may choose to have up to 6.27% of my adjusted gross taxable salary deducted as my Voluntary Employee Contribution; however, my adjusted gross income minus any payroll deductions (e.g., credit union, or 457 plan), must be sufficient to cover the Voluntary Employee Contribution.

MEMBER: PLEASE SIGN AND SUBMIT THIS FORM TO YOUR EMPLOYER

Member Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER

Agency Name: _____ Agency Number: _____

Member's Reason for Submitting this Form:

☐ Company Change ☐ Contribution Change Effective pay date for change _____

Authorized Personnel Signature

Date