February 1, 2024

To VSEA Members:

Open Enrollment for VSEA's vision plan is here and will continue until February 29th!

Automatic Renewal: If you are already enrolled in the plan and do not wish to make changes or request to terminate your plan, you will be automatically enrolled in the plan for the next year beginning 5/1/24 – 4/30/25.

New Enrollment or Changes: If you wish to enroll as a new member, terminate or make changes to your existing enrollment, print and complete the enrollment form below. New members must also include the appropriate payroll deduction form. Send completed forms directly to R.K. Tongue via fax (410-752-4611), encrypted scan/email to info@rktongue.com or regular mail (4940 Campbell Blvd., Ste 200, Nottingham, MD 21236). Remember to keep proof of submission for your records. All requests must be received no later than **2/29/24** in order to be processed for the upcoming plan year.

Payroll Deductions: Although the plan does not start until 5/1/24, payroll deductions will begin on the following dates:

- State employees and VSEA Housing – 03/23/24
- Retirees – 04/30/24
- Colleges – 03/29/24

ID Cards: VSP does not issue ID cards. Once enrolled, you will use your SSN when you see a provider. You can also print a temporary ID by logging into your account online.

Changes Mid-Year: Once enrolled, you may not voluntarily drop your coverage or make any changes until the next open enrollment.

For any questions, please contact R.K. Tongue directly at 800-638-6353 or info@rktongue.com.

** Please note that VSEA charges a 60-cent administrative fee per pay period for insurance offered through RK Tongue Co., Inc. This is a flat rate and does not differ based on the number of insurance options you enjoy.

Please return this form to R.K. Tongue Co., Inc. via mail, fax (410-752-4611) or encrypted email to info@rktongue.com with VSEA Payroll Allotment Form by 2/29/24

Enrollment Form: VSEA VSP Vision Plan

Effective Date: 05/01/2024 – 04/30/25

Request Type: ☐ New Enrollee ☐ Change ☐ Termination^

Enrollee Type: ☐ State ☐ College ☐ Retiree ☐ VT State Housing Auth

Employee Name: ____________________

Mailing Address: ____________________

City: ____________ State: ________ Zip: ________

E-mail: ____________________ Employee ID: ____________

Social Security No: ____________ Date of Birth (MM/DD/YYYY): ____________

Date of Hire (MM/DD/YYYY): ____________ Phone/Cell: ____________

COVERAGE LEVEL:	TOTAL MONTHLY RATES**:	BI-WEEKLY RATES**:
☐ Employee Only	$9.86	$4.56
☐ Employee + Spouse	$19.70	$9.10
☐ Employee + Child(ren)	$21.08	$9.73
☐ Employee + Family	$33.70	$15.56

** Please note that VSEA charges a 60-cent administrative fee per pay period for insurance offered through R.K. Tongue Co., Inc. This is a flat rate and does not differ based on the number of insurance options you enjoy.

^Termination Requests please complete name and sign below.

PLEASE LIST ALL OF YOUR DEPENDENTS THAT WILL BE ENROLLED OR REMOVED IN THE VISION PLAN:

A(dd) R(emove)	Last Name/First Name/MI	Dependent Type (CH, SP)	Date of Birth
☐ **A** ☐ **R**			
☐ **A** ☐ **R**			
☐ **A** ☐ **R**			
☐ **A** ☐ **R**			
☐ **A** ☐ **R**			

Employee Signature ____________________ Date ____________

NOTE: VSP VISION PLAN WILL ONLY STAY ACTIVE IF PAYMENTS ARE RECEIVED EACH PAY PERIOD. ONE NON-PAYMENT OF PREMIUM WILL RESULT IN IMMEDIATE TERMINATION OF YOUR VSP VISION BENEFITS. R.K. TONGUE DOES NOT BILL FOR VSP BENEFITS.

VERMONT STATE EMPLOYEES ASSOCIATION
STATE OF VERMONT
EMPLOYEE REQUEST FOR PAYROLL DEDUCTION

I hereby request the following action(s) for payroll deduction and authorize the Department of Finance & Information Support to withhold from my salary ever pay check, the amount I have indicated below or an amount appropriate for my continued eligibility in the deduction plan. This request is effective this date and shall remain in effect until such time as I become ineligible or notify you in writing 10 days in advance that I want to cancel my deduction.

DATE ______________________ **BENEFITS -EMPLOYEE SIGNATURE** ______________________

DUES-VSEA MEMBERSHIP APPLICATION CARD

EMPLOYEE NUMBER				

EMPLOYEE NAME (PRINT)		
LAST	**FIRST**	**MIDDLE**

Instructions: As a permanent status State employee, you are eligible for payroll deduction of membership dues for the Vermont State Employees' Association. As a VSEA member, you may also elect to participate in various benefit programs offered by VSEA, for which an additional deduction will be made from your paycheck.

This form must be completed, in full, and sent to VSEA in order to initiate a payroll deduction from your wages for VSEA dues and/or member benefit program participation.

DO NOT CONFUSE THESE VSEA BENEFIT PROGRAMS WITH THE MEDICAL, DENTAL, OR LIFE INSURANCE PLANS OFFERED BY THE STATE OF VERMONT WHICH ARE AVAILABLE TO ALL PERMANENET STATE EMPLOYEES.

PLEASE NOTE: Insurance benefit programs offered by the VSEA are the sole responsibility of the VSEA. Payroll deduction of premiums for these programs should not be construed as an endorsement by the State of Vermont for either the member benefit program or the company offering that product. Contact the VSEA for more information on these programs and applicable costs.

MAIL OR DELIVER THIS FORM DIRECTLY TO:

VSEA Insurance
Vermont State Employees' Association, Inc.
155 State Street
Montpelier, VT 05601

VSEA DUES

- ☐ START payroll deduction for VSEA Dues each pay period
  (Vermont State Police) Unit Dues
- ☐ STOP payroll deduction for VSEA Dues each pay period
  I understand that payroll deduction for the VSEA Member Benefit Programs is a privilege of VSEA membership and will terminate if I terminate VSEA membership

VSEA DUES ____________
UNIT DUES ____________
TOTAL DUES ____________

VSEA MEMBER BENEFIT PROGRAMS

- ☐ START payroll deduction for each pay period
- ☐ START 60-cent administrative deduction each pay period
- ☐ INCREASE payroll deduction each pay period
- ☐ DECREASE payroll deduction each pay period
- ☐ STOP payroll deduction each pay period

PREVIOUS BENEFIT TOTAL ____________
\+ ____________
\+ ____________
\+ ____________
\- ____________
\- ____________

NEW BENEFIT TOTAL ____________

TOTAL DEDUCTION (DUES AND BENEFITS) ____________

DATE ______________________ **APPROVED** ______________________
VSEA Authorized Representative

VERMONT RETIRED STATE EMPLOYEES ASSOCIATION

STATE OF VERMONT

RETIREE REQUEST FOR PENSION PAYROLL DEDUCTION

I hereby request the following action for pension payroll deduction, and I authorize the Retirement Office to withhold from my pension the amount indicated below, or an amount appropriate for my continued eligibility in the deduction plan. This request is effective this date and shall remain effective until such time as I become ineligible, or notify you in writing thirty (30) days in advance that I want to cancel my deduction.

____ ____________

RETIREE SIGNATURE **DATE**

PRINT RETIREE NAME (LAST FIRST MIDDLE)

RETIREMENT NUMBER

SOCIAL SECURITY NUMBER ___ ___ ___ - ___ ___ - ___ ___ ___ ___

INSTRUCTIONS: As a retired State employee, you are eligible for various benefit programs offered by the Association, for which a deduction will be made from your monthly pension payment. This form must be completed in full and sent to the VRSEA in order to initiate benefit program participation. **Please allow up to 30 days to process your application before deductions are taken.** ***Do not confuse these VRSEA benefit programs with any benefit plan offered to all retired employees by the State of Vermont.***

PLEASE NOTE: Insurance benefit programs offered by the VRSEA are the sole responsibility of the VRSEA. Pension deductions of premiums for these programs should not be construed as an endorsement by the State of Vermont or its Retirement Systems for either the insurance product or the company offering that product. Contact the insurance representative (R. K. Tongue, Inc.) at (802) 223-0373 for more information on these programs and applicable premium rates.

MAIL OR DELIVER THIS FORM DIRECTLY TO:
Vermont Retired State Employees Association
P.O. Box 518 (or 155 State Street)
Montpelier VT 05601-0518

TO: Retirement Accountant, State Treasurer's Office, Retirement Division
FROM: The Vermont Retired State Employees Association
SUBJ: VRSEA Deduction Transaction

$ ____________________

NEW DEDUCTION

If this Is a Change to an Existing Deduction, Please Indicate the Old Deduction:

$ ____________________

OLD DEDUCTION

WHITE - State of VT Retirements Div. YELLOW - R.K. Tongue Co., Inc. PINK - VRSEA

VERMONT STATE EMPLOYEES ASSOCIATION
VERMONT STATE COLLEGES
EMPLOYEE REQUEST FOR PAYROLL DEDUCTION

I hereby request the following action(s) for payroll deduction and authorize the Department of Finance & Information Support to withhold from my salary every pay check, the amount I have indicated below or an amount appropriate for my continued eligibility in the deduction plan. This request is effective this date and shall remain in effect until such time as I become ineligible or notify you in writing 10 days in advance that I want to cancel my deduction.

____________________ **DATE**

____ **BENEFITS-EMPLOYEE SIGNATURE**

DUES-VSEA MEMBERSHIP APPLICATION CARD

EMPLOYEE NUMBER				

EMPLOYEE NAME (PRINT)

LAST **FIRST** **MIDDLE**

Instructions: As a permanent status VSC employee, you are eligible for payroll deduction of membership dues for the Vermont State Employees' Association. As a VSEA member, you may also elect to participate in various benefit programs offered by VSEA, for which an additional deduction will be made from your pay check. This form must be completed, in full, and sent to VSEA in order to initiate a payroll deduction from your wages for VSEA dues and/or member benefit program participation.

DO NOT CONFUSE THESE VSEA BENEFIT PROGRAMS WITH THE MEDICAL, DENTAL, OR LIFE INSURANCE PLANS OFFERED BY THE VT. STATE COLLEGES WHICH ARE AVAILABLE TO ALL PERMANENT VSC EMPLOYEES.

PLEASE NOTE: Insurance benefit programs offered by the VSEA are the sole responsibility of the VSEA. Payroll deduction of premiums for these programs should not be construed as an endorsement by the VSC for either the member benefit program or the company offering that product. Contact the VSEA for more information on these programs and applicable costs.

VSEA DUES

- ❑ ***START*** *payroll deduction for VSEA Dues each pay period* — *VSEA DUES* __________
- ❑ ***STOP*** *payroll deduction for VSEA Dues each pay period.*
  I understand that payroll deduction for the VSEA Member Benefit Programs is a privilege of VSEA membership and will terminate if I terminate VSEA membership.

TOTAL DUES __________

VSEA MEMBER BENEFIT PROGRAMS

PREVIOUS BENEFIT TOTAL __________

- ❑ ***START*** *payroll deduction each pay period* + __________
- ❑ ***INCREASE*** *payroll deduction each pay period* + __________
- ❑ ***DECREASE*** *payroll deduction each pay period* - __________
- ❑ ***STOP*** *payroll deduction each pay period* - __________

NEW BENEFIT TOTAL __________

TOTAL DEDUCTION (DUES AND BENEFITS) __________

DATE: ______________________________ **APPROVED:** ______________________________

VSEA Authorized Representative

VERMONT STATE HOUSING AUTHORITY STAFF FEDERATION OF THE VSEA
SUPPLEMENTAL INSURANCE/VT PAC
AUTHORIZATION FOR PAYROLL DEDUCTIONS

NAME: ____

ADDRESS: ____

____

PHONE: (______) ____________________________

I authorize the Vermont State Housing Authority to deduct the following ________________________ in the amount of __________ with the first pay period of each month effective ____________ from my earnings, and to forward said deductions to the Treasurer of the VSHASF of the Vermont State Employees Association (V.S.E.A.). Any future additions/deletions to this amount shall require a new authorization.

Date: ____________ Signature: ________________________

_____Personnel File
_____Accounting
_____VSEASF Treasurer