



GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

3438 Kronprindsens Gade, GERS Complex - STE 1, St. Thomas, VI 00802-5750 • (340) 776-7703 • Fax (340) 776-4499
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AUTHORIZATION OF PAYROLL DEDUCTION FOR NON-CREDITED SERVICE TIME

Please check one or more of the following that apply and complete the information:

I hereby authorize GERS to start payroll deduction for payment of my non-credited service time effective from _____ - _____ - _____ for the amount of \$ _____
mm dd yyyy (Enter the bi-weekly deduction amount - not less than minimum amount)
 to pay off my prior service balance of \$ _____.
(Enter total contributions due)

I hereby authorize GERS to change payroll deduction for payment of my non-credited service time effective from _____ - _____ - _____ from \$ _____ to \$ _____
mm dd yyyy (Enter the previous bi-weekly deduction amount) (Enter the bi-weekly deduction amount - not less than minimum amount)
 to pay off my prior service balance of \$ _____.
(Enter total contributions due)

I hereby enclose the following payment(s) for my non-credited service time to pay off my prior service balance of \$ _____
(Enter total contributions due)

Certified Check / Money Order No.	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name in Full: _____
 Signature: _____
 Social Security No: _____ - _____ - _____
 Department: _____
 Employee No.: _____

<p>Internal Use Only</p> <p>Date Received: _____</p> <p>Date Submitted: _____</p>
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