

**STATE EMPLOYEES BENEFIT CORPORATION
PAYROLL DEDUCTION AUTHORIZATION**

By _____
(PRINT) Last Name First Name Middle Name

I work for _____
 Agency/Institution Personnel Number

Effective _____ I hereby authorize you to deduct from my earnings
each pay period the amount of \$ _____, as payment for voluntary SEBCO Deduction.
The amount deducted shall be paid to SEBCO. This authorization shall remain in effect until
notification or change or revocation is given by me to the State Employees Benefit Corporation
who shall, in turn, notify my department/agency to effect said change or revocation.

Employee's Signature (**card must be signed**)

Mailing Address (street, route or P.O. Box)

Social Security Number

City, State and Zip Code

e-mail Address

Work Phone Number