



ALLEN PARK PUBLIC SCHOOLS

an uncompromising commitment to excellence

Riley Education Center

9601 Vine, Allen Park, MI 48101
ph (313) 827-2123 • fx (313) 827-2151
keith@appublicschools.com

Tiffany Keith, Director of Finance

3% ORS HEALTHCARE REFUND – DEFERRED COMPENSATION ELECTION FORM

This signed **original** form must be submitted to the Business Office by February 23, 2018.
No late submissions will be accepted.

- I hereby request to have 70% of my 3% Healthcare Refund from ORS (Michigan Office of Retirement Services) deposited into an existing 403b/457. (The 403b/457 account must be active and with an approved APPS 403b/457 Plan Provider.

_____ I elect to have 70% of my refund amount from my ORS Healthcare refund allocated to my 403b/457 plan.

OR

_____ I elect to have _____ [flat amount] allocated to my 403b/457 plan.

I understand that this Deferred Compensation Election Form will apply to the 3% ORS Healthcare Refund. In addition, the total refund amount will be applied, unless a lesser flat amount is identified above.

Date: _____

Participant's Signature

Participant-please print name

Received Date: _____

Accepted by Plan Administrator