

STATE AND UNIVERSITY EMPLOYEES COMBINED APPEAL TRANSMITTAL FORM FOR PLEDGES WITH PAYROLL DEDUCTIONS

Your Name: _____

Agency/University: _____

Agency Code _____

Mailing Address: _____

Telephone: _____

All the pledges in this batch are for payroll deduction.

Date _____ Number of Forms _____

Amount by payroll deduction _____

TOTAL _____

Send a separate transmittal form for each batch.

*****SECA Use Only*****

Date _____ Number of Forms _____

Amount by payroll deduction _____

TOTAL _____

Verified by: _____

Verified by: _____

INSTRUCTIONS:

This form is to be completed by you and returned with batches of no more than 40 completed pledge forms.

ALWAYS send pledge forms with check/money orders in one batch and payroll deduction pledge forms in a separate batch. Review all pledge forms to make sure they are properly completed. **DO NOT SEND CASH.** Keep a copy of the transmittal form and pledge form for your records. A copy of the transmittal form will be returned to you from SECA upon verification of information. Send all transmittal forms with batched pledge forms to:

CMS SECA
c/o Denise Reed
JRTC
100 W. Randolph Street
P.O. Box 4500
Chicago, IL 60601