



Today's Date:

Periodic Payment Authorization

1. Group: [] COBERM [] COBE2M [] COBEOM

2. Application Date: Participant SS# First Payment Date:
Participant Type: [] Retiree [] Beneficiary Participant Name (L, F, M):
Tax Address:
City State Zip

3. Mailing Option: [] Mail Check to Tax Address [] Mail Check to Alternate Address

4. Direct Deposit

Net Pay - Checking: [] Savings [] No ACH: [] Start Date:
Bank TR/ABA: Account Number:

5. Alternate Payee Name: (If Applicable)
Alternate Address:

6. Withholding Options

Federal: [] Calculate [] No Calculate [] Calculate Plus [] Flat % [] Flat \$
State: [] Calculate [] No Calculate [] Calculate Plus [] Flat % [] Flat \$
Fed No. of Exempts: ___ State No. of Exempts: ___ Marital Status: [] Single [] Married
Additional or Flat \$ or %: Fed State Additional State Information:

7. Distribution Code: _____ Tax Form Indicator: Taxable Amount Not Determined [] (Disabilities Only)
Total Employee Contribution: \$ (For A Files/Purchased Time)

8. Pay Sources

Table with 4 columns: Pay Source Label, Amount (\$ 0.00), Start Date (MMDDCCYY), End Date (MMDDCCYY). Rows include Nor Svc, Erly Srvc, Disc Srv, Ord Disb, NLOD Frac, Ord Deth, Acc Deth, SVC Frac, AccDisb, SSE, Dismemb.

14. Exclus	\$		
15. LOD Frac	\$		
16. Acc Disb	\$		

Participant Name:

Participant Social #:

10. Other Data

Retirement Option:	Birth Date:	Gender:
Employment Date:	Participation Date:	
Location:	Marital Status:	Termination Date:

11. User Defined Fields

2 – Char Alphanumeric	10 – Char Alphanumeric	30 – Char Alphanumeric
1 Retirement Type	1 Class Number	1 Retiree Number
2 Primary Record	2 Location Code	2 City Yrs Srv
3 Status Code	3 Pension Yrs Srv	3 Retiree SSN
4	4 Transfer Yrs Srv	4 Phone Number
5	5 Military Yrs Srv	5

Date Fields	Numeric Fields
1 Pension Date	1 Work Comp Int B \$
2 Address Date	2 Work Comp End B \$
3 Bene Entry Date	3 Invest In Cont \$
4 Work Comp End (Date)	4 Invest Cont Rem \$
5 Invest Cont End (Date)	5 Contribution Deficiency \$
6 Benefit Override (Date)	6 Contribution Deficiency End Date:

12. Beneficiary Information (If Applicable):

Spouse: Yes No Beneficiary Name (L, F, M):

Social Security Number:

Gender:

Address:

City:

State:

Zip:

Date of Birth:

Marriage Date (if spouse):

1 st Analyst:	Date:
2 nd Analyst:	Date:
Supervisor:	Date:
Accounting:	Date:

