

MESSA OptionALL

Employment Status Change

Name _____
First Middle Last

Social security number _____

Employer _____

REASON	EFFECTIVE DATE	LAST PAYROLL DATE	TOTAL CONTRIBUTIONS
<input type="checkbox"/> Termination of employment	_____	_____	_____
<input type="checkbox"/> Retirement	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

REASON	EFFECTIVE DATE	SUSPEND PAYROLL DEDUCTIONS FROM	TO
<input type="checkbox"/> Leave of absence*	_____	_____	_____
<input type="checkbox"/> Position change*	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

District authorized signature _____ Date _____

***The MESSA Legal and Compliance Department requires written notification of any change in employment status or suspension of payroll deduction dates. Please complete this form and forward it to MESSA. For more information or any inquiries, please call 800.890.0390.**



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