

STATE OF CONNECTICUT – COUNTY OF TOLLAND

INCORPORATED 1786



TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187

ELLINGTON, CONNECTICUT 06029-0187

www.ellington-ct.gov

VOYA 401A

Retirement Account

Deferred Withholding Amount

Date: ____/____/____

To: Finance Office/Payroll

From: _____
Employee Name (Please print)

I wish to notify the Finance Office that **I have completed the setup of my Voya 401A Retirement Account online at <https://enroll.voya.com>** in order to receive the Town's 7.1% contribution to my retirement fund as well as any matching provision up to 4.64% of salary to my account that I indicate below:

I hereby agree to have the following Voya 401A withholding from my pay effective with the first pay period of my eligibility to participate:

\$_____ per year at the rate of \$_____ per pay period (bi-weekly).

Date of Hire/Benefit Eligibility: ____/____/____

Signature: _____ Date: ____/____/____

Please complete and forward to the Finance Office.