



Department of Management & Budget  
 Office of Retirement Services  
 www.michigan.gov/ors (800) 381-5111  
 P.O. Box 30171  
 Lansing MI 48909-7671

# Supplemental Tax-Deferred Payment (TDP) Agreement

For Public School Employees

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN
REPORTING UNIT NAME	REPORTING UNIT #

## Supplemental Payment Information

Complete this form with the payroll office if you wish to permanently add an additional amount to an existing *TDP agreement*.

1. Apply my supplemental payments through payroll deduction to <b>invoice #/TDP Agreement #</b>	_____
2. The <b>service credit type</b> I am purchasing with this agreement is (e.g. universal buy-in, maternity/paternity leave, etc.)	_____
3. My <b>current payroll deduction</b> per pay period for the above invoice # is (include any other supplemental payment agreements)	\$ _____
4. The <b>permanent supplemental payment</b> that I wish my employer to deduct from my earnings each pay period is	\$ _____
5. My revised total permanent payroll deduction per pay period for the above invoice # will be (Add lines 3 and 4.)	\$ _____
6. The first increased payroll deduction will be reported on the <b>pay period ending</b> date of (Payroll deduction amounts before this date must be equal to line 3.)	_____ / _____ / _____

## Terms of Agreement

- I understand that the terms of this supplemental agreement are **binding and irrevocable** for the duration of the tax-deferred service credit purchase described in this agreement or until I terminate employment. I cannot stop or lower my payments even if my financial situation changes.
- I understand that all the terms and conditions of the original agreement and any supplemental agreements remain in effect.
- I understand that I may make more than one binding, irrevocable agreement, so long as a subsequent agreement does not amend this binding and irrevocable agreement.
- I understand that this agreement allows for the deduction from salary for employer pick-up purposes.
- I understand that for the effective period of this agreement, my employer must make the revised scheduled deduction each pay period. While this agreement is in effect, ORS will only accept payments from my employer.
- I understand that my employer is obligated to make payment according to this agreement only if there are sufficient funds from my earnings after any other mandatory deductions.
- I understand that it is my responsibility to ensure that the deductions I agreed to are made as specified in this agreement. I will review my pay stubs to ensure that the deduction has been initiated and is the correct amount and contact my payroll representative and ORS immediately if there are any discrepancies.
- I understand that if I terminate employment prior to the payoff of this agreement, I will receive only a prorated amount of service credit (if incremental years can be purchased), or possibly no service credit (if purchase requires full payment).

By my signature below, I agree to the payment terms and conditions specified in this agreement.

_____	_____	_____
Member's Signature	Daytime Phone Number	Date
_____	_____	_____
Payroll Officer's Signature	Daytime Phone Number	Date

**Your payroll office will make your deduction changes and fax this form to ORS at 517-322-1116.**

