

State of Hawaii Deferred Compensation  
Island Savings Plan  
**Post Separation Vacation Payout Deferral Election Form**

Name		Social Security Number
Address		Effective Date of Separation From Service:
City	State, Zip	Day Time Telephone Number
Department	Payroll No.(see pay stub)	Evening Telephone Number

**If you have decided to participate in the Post Separation Vacation Payout Deferral Program you must contact the Prudential Retirement Honolulu Office at 1-888-712-5642 (option 2) to begin the process to defer your vacation payout immediately upon determination of your effective date of separation from service. Once you have separated from State service, you are no longer eligible to defer your vacation payout.**

### **Deferral Information**

You may contribute a whole dollar amount from your gross compensation for the scheduled pay period, provided this amount does not exceed the yearly maximum set by the IRS. As this deferral is a pre-tax contribution, State and Federal taxes are deferred from the gross vacation payout amount, but FICA withholdings may still apply.

### **Vacation Payout Date**

My Post Separation Vacation Payout date provided by my Departmental Personnel Office and/or my Department Payroll Office is: \_\_\_\_\_.

### **Vacation Deferral Election**

I authorize Prudential Retirement to change my deferral election in the Island Savings Plan for my Post Separation Vacation Payout deferral as follows (*check applicable boxes*):

- The maximum allowable amount **OR**  This amount from paycheck \$\_\_\_\_\_ (enter whole dollars only)  
 I am on the State's payroll lag. **OR**  I am on the State's "after the fact" payroll.

### **PLEASE READ AND INITIAL THE FOLLOWING:** (*No check marks*)

- \_\_\_\_\_ I am enrolled in the Island Savings Deferred Compensation Plan.  
 \_\_\_\_\_ I have already submitted my request for Post Separation Vacation Payout to my Personnel Office.  
 \_\_\_\_\_ I will review all paychecks (even those received after separation from service) **within 3 working days** after payday – any discrepancies in the deferral amounts will be reported to the Prudential Honolulu office.

### **Authorization (Please check this form carefully before signing. All incomplete forms will be returned.)**

By signing this form, I certify that I have read and understand the State of Hawaii Post Separation Vacation Payout Deferral Program information, instructions and schedule. I understand the timing requirements of processing my post separation vacation payout deferral, have discussed these requirements with the Prudential Retirement - Honolulu Office and have provided them with a copy of my Post Separation Vacation Payout Deferral Request Form.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

For Prudential processing use only:

\*Update pre-tax elective deferral rate to \$\_\_\_\_\_ between the dates of \_\_\_\_\_ and \_\_\_\_\_.

(*Minimum 3 business days required for processing.*)

\*Update pre-tax elective deferral rate back to \$\_\_\_\_\_ on or after date \_\_\_\_\_.

**Fax this Completed Form to Prudential Retirement - Honolulu Office at (808) 536-0572**

For assistance with completing this form, please call the Prudential Retirement Honolulu Office at: 1-888-71A-LOHA (or 1-888-712-5642) option '2' when prompted.