ESSEX COUNTY COLLEGE

ALTERNATE BENEFIT PROGRAM
CARRIER ELECTION AND ALLOCATION

Name:_____ _____ _____
LAST FIRST MI

ID Number:_____

Address:_____

_____ _____ _____
CITY STATE ZIP CODE

Daytime Telephone Number: (_____)_____

AUTHORIZED INVESTMENT CARRIERS

Select <u>one</u> investment carrier. **You must establish a valid account directly with the carrier(s) you select.**

Check One: [ ] Initial Election [ ] Subsequent Election [ ] Month Selected_____

___AIG VALIC ____%

___AXA Financial (Equitable) ____%

___The Hartford ____%

___ING Life Insurance and Annuity Company ____%

___Met Life (formerly Travelers/CitiStreet) ____%

___TIAA-CREF ____%

100%

I elect to allocate my total employee and employer tax sheltered contributions as indicated above.

Employee Signature_____ Date_____

Certifying Officer Signature_____ Date_____

Certifying Officer's Telephone Number (_____)_____

Business Affairs **Payroll** **Human Resources** **Employee**

(1/09)