

**Senior Management Service Optional Annuity Program (SMSOAP)  
Change Form**



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Email: [orpdata@dms.fl.gov](mailto:orpdata@dms.fl.gov)

Name: \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
mm/dd/yyyy

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**As a participating SMSOAP member, I elect the following changes:**

<b>Provider Company</b>	<b>Required Employer and Employee Contributions</b> The total employer contribution is 6.27%. I choose to allocate contributions to one or more provider companies as indicated below. My 3% required employee contribution will also be allocated at the same ratio.	<b>Voluntary Employee Contribution</b> Total percentage must not exceed 6.27% of your salary.
TIAA	%	%
AIG	%	%
VOYA	%	%
EQUITABLE	%	%
	<b>Total ___% (Must equal 6.27%)</b>	<b>Total ___% (Must not exceed 6.27%)</b>

**I understand that:**

1. It is my responsibility to ensure that my tax-deferred income deductions do not exceed the maximum amount set in the Internal Revenue Service Code and Regulations.
2. I may choose to have up to 6.27% of my adjusted gross taxable salary deducted as my Voluntary Employee Contribution; however, my adjusted gross income minus any payroll deductions (e.g., credit union, or 457 plan), must be sufficient to cover the Voluntary Employee Contribution.

**MEMBER: PLEASE SIGN AND SUBMIT THIS FORM TO YOUR EMPLOYER**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER: PLEASE COMPLETE INFORMATION BELOW AND SUBMIT TO THE DIVISION OF RETIREMENT**

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Member's Reason for Submitting this Form:

Company Change       Contributions Change      Effective pay date for change: \_\_\_\_\_

\_\_\_\_\_  
Authorized Personnel Signature      Date