

STATE AND UNIVERSITY EMPLOYEES COMBINED APPEAL CONTRIBUTION TRANSMITTAL

Your Name: _____

Agency/University: _____

Agency Code _____

Mailing Address: _____

Telephone: _____

Name of Coordinator: _____

Date _____	Number of Forms _____
Amount by payroll deduction _____	_____
Amount by check/money order _____	_____
TOTAL _____	_____

SECA Use Only

Date _____	Number of Forms _____
Amount by payroll deduction _____	_____
Amount by check/money order _____	_____
TOTAL _____	_____
ENVELOPE NUMBER _____	_____
BATCH NUMBER _____	_____

INSTRUCTIONS:

This form is to be completed by you and returned with batches of no more than 40 completed pledge forms and check/money orders to SECA. When possible, batch check/money order pledge forms separately. Review all pledge forms to make sure they are properly completed. DO NOT SEND CASH. Keep a copy of the transmittal form and pledge form for your records. A copy of the transmittal form will be returned to you from SECA upon verification of information. Send all transmittal forms with batched pledge forms to:

Cindy Dixon, CMS
505 Stratton Office Building
Springfield, IL 62706