



**DEFERRED COMPENSATION / LIFE INSURANCE
INCREASE / DECREASE FORM**

**MASS MUTUAL
(036)**

NAME _____

SS# (LAST 4 DIGITS) _____

SEMI-MONTHLY 457 AMOUNT \$ _____

SIGNATURE _____

DATE (beginning of each month) _____

DEPARTMENT/DIVISION _____

**KINDLY INTEROFFICE COMPLETED FORM TO LILY DURAN,
PAYROLL SUPERVISOR, FINANCE, 5TH FLOOR, ADMIN BLDG
(FAXED REQUESTS/PHONE CALLS WILL NOT BE ACCEPTED)
RETAIN A COPY FOR YOUR RECORDS**