

U.S. SAVINGS BONDS PAYROLL SAVINGS AUTHORIZATION
EMPLOYEE ELIGIBILITY AND PARTICIPATION
PER-14 INSTRUCTIONS

If you have any questions you may contact the Division of Human Resources at (785) 532-6277. Once you have completed this form you may submit it to the Division of Human Resources, 103 Edwards Hall, Manhattan, KS 66506.

IMPORTANT: Please choose only one option from lines 1 through 4. To perform more than one action, please fill out a separate PER-14 for each.

LINE 1. Check if this is your first purchase of a bond and enter the amount you would like deducted from your check each bi-weekly payroll period. **NOTE** all deductions must be in increments of \$5.00 or more. If your entry is not in increments of \$5.00 then the figure entered will be rounded to the nearest \$5.00 increment.

LINE 2. Check if you are purchasing an additional bond in addition to current bonds you already have. **NOTE** all deductions must be in increments of \$5.00 or more. If you do not enter your deduction in increments of \$5.00 then the figure entered will be rounded to the nearest \$5.00 increment.

LINE 3. Check if you are changing a current bond that you have. Changes include such things as Changing the Owner, the Co-owner, the Beneficiary, the Deduction Amount, etc. **PROCEED** with the rest of the form inputting the new/changed information. **NOTE** if you are changing the dollar amount of your deduction please enter the new amount.

LINE 4. Check if you are canceling a current bond.

LINE 5. Fill in the Bond Owner and Beneficiary name if you have checked line 3 or line 4. This information is needed if you have more than one bond to insure we credit the proper one.

LINE 6. Check correct bond denomination if you have checked line 1 or line 2.

LINE 7. Answer question and proceed to the correct line indicated.

LINE 8. Enter name and Social Security Number of Bond Owner if other than employee.

LINE 9. Answer question and proceed to the correct line indicated.

LINE 10. Enter Address of Bond Owner if other than employee's.

LINE 11. Choose Registrant choice and proceed to the correct line.

LINE 12. Answer question and proceed to the correct line indicated.

LINE 13. Enter name and Social Security Number of Co-owner or Beneficiary if other than employee.

LINE 14. Answer question and proceed to the correct line indicated.

LINE 15. Enter address of Co-owner or Beneficiary if other than employee's.

LINE 16. Read the two paragraphs preceding this line then sign and date.

COMMONLY ASKED QUESTIONS AND ANSWERS

WHO IS ELIGIBLE? All classified and unclassified employees of the State of Kansas, including local agency personnel but excluding student employees, who are employed halftime or more are eligible to participate in the savings bond payroll deduction program, provided the position the employee holds requires 1,000 hours of work per year.

WHAT IF BOTH HUSBAND AND WIFE ARE EMPLOYED BY THE STATE OF KANSAS? Each may participate individually in the purchase of savings bonds, but they cannot contribute jointly toward the purchase of the same savings bond. However, each may list the other as a co-owner or beneficiary of bonds purchased individually.

CAN I PURCHASE MORE THAN ONE BOND AT A TIME? Yes

WHEN WILL BOND DEDUCTIONS BEGIN? The effective date of the deduction will be the first day of the pay period following the receipt of the PER-14 in the Division of Human Resources' office.

WHEN WILL I RECEIVE MY BOND? It takes approximately 4 to 6 weeks before you will receive your bond from the date of issue. But interest will be earned from the date of issue. (ie. If issued May 1, 1996 you should receive your bond between June 1, 1996 to June 14, 1996.)