



**Twelve-Month Payment Option Form**  
**Academic Year 2024-2025**  
**(Annual Enrollment)**

\*Deadline to be received in Payroll Services  
is Tuesday, August 27, 2024.

Employee Name:

Employee ID:

Dept/College Name:

Date of Birth:

Work Phone Number:

E-mail Address:

By choosing the Twelve-Month Payment Option, I understand that I will have the amounts specified below deducted from the net pay (after deductions and taxes) of each biweekly paycheck that I receive during the fall and spring semesters. **The minimum deduction amount is \$100.00 per pay period.**

The first deduction will be taken on: **September 6, 2024**

The last deduction will be taken on: **May 2, 2025**

I hereby authorize the deductions below from the net pay of my biweekly paychecks I receive during the fall and spring semesters. Instructions: Enter the deduction amount in the **Regular Paycheck Period** field and the **Double-Deduction Period** field and press **Enter** on your keyboard.

Regular Paycheck Period:  x 12 =

Total Amount Withheld During Paydates  
09/06/24 - 01/24/25

Double-Deduction Period:  x 7 =

Total Amount Withheld During Paydates  
02/07/25 - 05/02/25

**Note: You must enter a minimum of \$100 for a deduction amount in the deduction fields above.**

Total Deferred:

Summer Disbursement Amount:

Total Deferred / 5 pay periods

During the summer months, I will receive five payments on the following paycheck dates:

1. **May 30, 2025**
2. **June 13, 2025**
3. **June 27, 2025**
4. **July 11, 2025**
5. **July 25, 2025**

Note: this last payment may fluctuate slightly due to rounding.

I certify that I have read the [Frequently Asked Questions](#) and do understand that if I request my funds earlier than the summer disbursement period, all funds will be refunded and my enrollment will end for coverage period specified on this form. **Each academic year, I must sign a new form to enroll in the Twelve-Month Payment Option Plan and submit it to Payroll Services by the required deadline.**

Note: the employee should use one of the below options to submit the enrollment form to Payroll Services:

1. The employee may electronically sign the form and select the SUBMIT icon to automatically e-mail the form to [Payroll@fsu.edu](mailto:Payroll@fsu.edu).
2. The employee may print and sign the form and submit to Payroll Services via hand-delivery, U.S. mail, or scan and e-mail to [Payroll@fsu.edu](mailto:Payroll@fsu.edu).

Please send any questions related to this benefit program to [Payroll@fsu.edu](mailto:Payroll@fsu.edu).

Employee Signature:

Date: