



USEC Benefit Service Center
 C/O USI Consulting Group
 95 Glastonbury Blvd.
 Glastonbury, CT 06033
 Hours: 8:00am-5:00pm M-F EST



ELECTION FORM FOR STATE INCOME TAX WITHHOLDING

NAME (Please Print)	BADGE NUMBER	SOCIAL SECURITY NUMBER
STATE OF RESIDENCE		

ELECTION OF WITHHOLDING OF STATE TAXES FROM PENSION PAYMENTS

I understand that the payments I receive may also be subject to state income tax. I also understand that if state income taxes are not withheld from my payment, I am liable for any state income tax on the taxable portion of my payment. In certain states, I may also be subject to penalties under estimated tax payment rules. I further understand that if I do not complete this Form, state income tax will only be withheld if required by the state and at the state's default withholding rate. For state withholding forms or tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.

PLEASE READ THE FOLLOWING AND CHECK ONLY ONE OF THE FOLLOWING BOXES (A, B, OR C). SIGN AND DATE THIS FORM AND RETURN IT AS SOON AS POSSIBLE.	
<input type="checkbox"/> A. I ELECT NOT TO HAVE STATE INCOME TAX WITHHELD FROM MY PENSION OR ANNUITY.	
<input type="checkbox"/> B. I WANT MY STATE WITHHOLDING FROM EACH PENSION OR ANNUITY PAYMENT TO BE A FIXED AMOUNT OF _____ DOLLARS.	
<input type="checkbox"/> C. I WANT MY WITHHOLDING FROM EACH PENSION OR ANNUITY PAYMENT TO BE FIGURED USING THE FOLLOWING MARITAL STATUS AND NUMBER OF EXEMPTIONS: MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED NUMBER OF EXEMPTIONS: _____	
SIGNATURE	DATE

Please mail this form to: USEC BENEFIT SERVICE CENTER, C/O USI CONSULTING GROUP, 95 GLASTONBURY BOULEVARD, GLASTONBURY, CT 06033