Kentucky's Affordable Prepaid Tuition

Employer Payroll Deduction Notice

Use this form to advise KAPT of your employees participating in payroll deduction. Also use this form to notify KAPT when revisions or additions are made. Send this form to KAPT Payroll Deduction, KHEAA, PO Box 798, Frankfort, KY 40602-0798. If you have questions, please call 1-888-919-KAPT and press option 3.

Employer: _____ **KAPT Employer Number:**_____

Contact: _____**Phone:** _____

Check one: _____ This is the employer's initial payroll deduction notice.
_____ This is an amendment to the employer's existing payroll deduction notice.

Please complete the information below for each employee participating in KAPT payroll deduction. Use additional sheets if needed.

Employee Name (KAPT Purchaser)	**Social Security Number**	**Frequency of Deductions**	**Total Monthly Deduction Amt**