

APPLICATION FOR REFUND OF VOLUNTARY DEFINED CONTRIBUTION PROGRAM CONTRIBUTIONS

Contributions made by an employee for New York State Voluntary Defined Contribution Program (VDC) membership during the waiting period will be refunded, with interest, by the employer if, for any reason, the employee does not complete the waiting period and become a participating member of the VDC Program.

Refunds are requested by completion of this application by the employee, which must be notarized, and returned to the employing agency. A refund will be made only after the employee has been off the payroll for two full payroll periods.

An employee who returns to service with a NYS public agency, and who elects to claim credit for this period of service for VDC membership, will be required to repay his/her contributions if they have been refunded.

Forward the original copy of this form to the employer and keep a copy for your records.

TO BE COMPLETED BY EMPLOYEE:

PRINT OR TYPE Address to which check is to be sent:

Name _____

Address to which check is to be sent:

Last 4 digits of SSN _____

Date _____

Signature _____

.....
THIS ACKNOWLEDGEMENT MUST BE COMPLETED BY A NOTARY PUBLIC:

State of _____ County of _____ ss:

On this _____ day of _____, 20_____, before me personally appeared _____ to be known and known to me to be the same person described in and who executed the foregoing instrument, and ___he duly acknowledged to me that ___ he executed the same.

Notary Public, State of _____
(Please Affix Stamp)

.....
TO BE COMPLETED BY EMPLOYER:

Agency _____

I certify that this employee's service with this agency has terminated effective _____

Authorized Signature

Title

Date

NOTE: PLEASE INDICATE IF ANY SALARY PAYMENT IS DUE EMPLOYEE AFTER SEPARATION AND WHEN IT WILL BE PAID.

BALANCE OF CONTRACT LUMP SUM PAYMENT OTHER NO ADDITIONAL PAYMENT

FOR PAYROLL USE:

Contributions _____

Approved for Payment _____

Interest _____

Voucher Number _____

Total _____

Date _____