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:

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Name Address to which check is to be sent: Last 4 digits of SSN	PRINT OR TYPE Address t	o which check is to be sent:	
Date Signature THIS ACKNOWLEDGEMENT MUST BE COMPLETED BY A NOTARY PUBLIC: State of	Name		Address to which check is to be sent:
THIS ACKNOWLEDGEMENT MUST BE COMPLETED BY A NOTARY PUBLIC: State of County ofss: On this day ofto be known and known to me to be the same person describe and who executed the foregoing instrument, andhe duly acknowledged to me thathe executed the same. Notary Public, State of (Please Affix Stamp) TO BE COMPLETED BY EMPLOYER: Agency	Last 4 digits of SSN		
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