



## RETIREMENT PROGRAM ELECTION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

New York State Agency of Employment: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Date of Hire for Agency Listed Above: \_\_\_\_\_

In order to determine if you are eligible for the New York State Voluntary Defined Contribution Program (VDC Program), you are required to complete the following questions:

1. Have you ever worked for a public employer in New York?

Yes (If yes, please complete section below.)

No (If no, proceed to question 2.)

Name of Agency	Title of Position	Full- or Part-Time	Dates of Employment	Name of Retirement System <sup>1</sup>	Registration or Contract Number	Was This Your Immediate Prior Employer?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. Are you presently receiving a retirement benefit from any public Retirement System of New York State?

Yes (If yes, please complete section below.)

No (If no, proceed to question 3.)

Name of Retirement System <sup>1</sup>	Retirement/ Contract Number	Date of Retirement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<sup>1</sup>Please identify your Retirement Plan as NYS ERS, NYS TRS, SUNY ORP, NYC ERS, NYC TRS or No Retirement Plan.

*Continued*



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3. Do you currently own a vested Employer-sponsored retirement contract with: TIAA-CREF, Fidelity, VALIC or VOYA?

- Yes *(If yes, please check provider(s) and complete section below.)*  
 No

Retirement Plan Provider	Contract Number
<input type="checkbox"/> TIAA-CREF	_____
<input type="checkbox"/> Fidelity	_____
<input type="checkbox"/> VALIC	_____
<input type="checkbox"/> VOYA	_____

*Return your Retirement Election form to your Agency Benefits Administration department.*

### Administration Approval

\_\_\_\_\_  
Date approved by Agency Benefits Administration

\_\_\_\_\_  
Approved by