

## AGENCY/EMPLOYER INFORMATION GUIDE

New York State Voluntary Defined Contribution Program

## THE VDC PROGRAM INFORMATION GUIDE

This guide provides information regarding the New York State Voluntary Defined Contribution (VDC) Program, including:

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## BACKGROUND

- Governor Andrew Cuomo signed into law Chapter 18 of the 2012 Laws on March 16, 2012, which created the Voluntary Defined Contribution (VDC) Program.
- The original Program announcement is available on the New York State website at **www.definedcontribution.ny.gov**.
- Beginning July 1, 2013, a defined contribution retirement plan option was made available to unrepresented employees of New York State (NYS) public employers hired on or after that date, and who earn at the rate of pay of \$75,000 or more annually.
- The VDC Program (VDC Program) was created as an alternate retirement plan option to help employees of public agencies/employers (meeting certain eligibility criteria) to build retirement plan accumulations that will help provide retirement income to meet their retirement goals.
- State employees have 30 days from their date of hire to select a retirement plan.
- The VDC Program must be offered as an alternative retirement choice to all eligible employees and these employees will need to choose between the VDC Program and the NYS defined benefit plans. Please refer to page 49 for a complete list of defined benefit retirement plans.
- The State University of New York Optional Retirement Program (ORP) was selected as the vehicle to accomplish this, and the Education Law was modified to permit this newly eligible class of public employees.

### WHO'S WHO

#### PLAN SPONSOR

The State University of New York has one of the largest defined contribution retirement plans in the United States and thus New York State approved the SUNY Optional Retirement Program (ORP) as the retirement plan vehicle to help achieve the State's objective. Hence, the VDC Program, sponsored under the SUNY ORP, is managed by Michael Consorte, SUNY Director of University-wide Benefits, and Denise Gaffor, SUNY Retirement Program Manager.

#### THIRD-PARTY ADMINISTRATOR

TIAA serves as the third-party administrator and central point of contact for agencies and participants in the Program.

#### INVESTMENT PROVIDERS

Employees have the option of selecting among Corebridge Financial (formerly AIG Retirement Services), Fidelity, TIAA and Voya as the investment provider(s) for their VDC account(s).

#### ADMINISTRATOR TELEPHONE CENTER

A dedicated New York State VDC Program telephone center is available for plan administrators of New York public agencies and employers. The phone number is **888-984-0010**.

### EMPLOYEE TELEPHONE CENTER

A dedicated telephone center is available for employees. The phone number is **866-271-0960.** 

## CHARACTERISTICS OF THE VOLUNTARY DEFINED CONTRIBUTION PLAN

- The vesting period is 366 days. "Vesting" in a retirement plan means ownership. This means that the employee will vest, or own, certain employer contributions.
- Contributions made by the employee and the employer are allocated into investment choices offered through the plan's investment options.
- Employees build their own investment mix/portfolio tailored to their risk tolerance and retirement time horizon.
- The VDC allows participant-directed investments. The amount owed to participants upon retirement is based solely on the account balance (all contributions and subsequent earnings) at the time of their withdrawal.
- The VDC provides lifetime income in the form of guaranteed and variable payments.<sup>1</sup> The amount of retirement income received will depend on how well the investments have performed over the intervening years and on the income options chosen.
- Employee and employer contributions plus applicable earnings are the employee's to keep after reaching the vesting period of 366 days (subject to plan rules).
- After an employee separates from service, assets can remain in the plan. When an employee leaves public employment, several options are available, including: receiving lifetime annuity payments, lump-sum distribution, distribution in installments, and leaving the assets in the plan.

<sup>&</sup>lt;sup>1</sup> All guarantees are subject to the claims-paying ability of the issuing insurance company. Payments from the variable accounts will rise or fall based on investment performance.

## CHARACTERISTICS OF THE STATE DEFINED BENEFIT PLAN (CURRENT)

- There is a five-year vesting period.
- The Plan provides a fixed, predictable lifetime monthly income at retirement.
- At retirement, members receive a guaranteed monthly pension payment based on a set of formulas.
- Payments are not affected by market fluctuations. Contributions are invested and managed by New York State to meet current and future pension obligations.
- If the employee leaves before completing the five-year vesting period, employee contributions are refunded, but the employer contributions are forfeit.

## VOLUNTARY DEFINED CONTRIBUTION VS. DEFINED BENEFIT COMPARISON

| FEATURE                   | VOLUNTARY DEFINED<br>CONTRIBUTION  | DEFINED BENEFIT   |
|---------------------------|--|---|
| <b>Uesting</b>            | After 366 days of employment.  | After five years of service credit.   |
| <b>S</b> Portability      | Portable after 366 days. Employee<br>and employer contributions plus<br>applicable earnings are the<br>employee's to keep after 366 days<br>regardless of where their career<br>takes them.  | If employee leaves before<br>reaching the five-year vesting<br>period, employee contributions<br>are refunded, employer<br>contributions are forfeited.   |
| Control                   | Employees have the flexibility to<br>manage the investment of their<br>funds based on the investment<br>options available in the plan.<br>Professional guidance and support<br>is available through authorized<br>investment providers.  | Funds are managed for the<br>employee to meet current and<br>future liabilities.  |
| Risk                      | The amount of future<br>accumulations available upon<br>retirement varies according to<br>investment selections and<br>performance. The employee bears<br>the investment risk based on<br>investment choices and<br>performance.   | Monies are pooled together<br>and professionally managed,<br>and the government bears<br>funding and investment risk.   |
| <b>Expected</b><br>income | Retirement income is determined<br>by the account balance: the<br>employee has the opportunity for<br>higher or lower retirement income<br>based on investment decisions and<br>the performance of the underlying<br>investment options, which include<br>securities. The retirement income<br>benefit will depend on several<br>factors including salary, duration of<br>contributions, investment earnings<br>and age at retirement. Benefits are<br>not guaranteed. | Income is determined by<br>a formula and depends on<br>length of service, earnings,<br>tier and age. The employee<br>will receive a fixed monthly<br>payment with annual<br>cost-of-living adjustments. |

## ABOUT TIAA

- TIAA is the third-party administrator (recordkeeper) of the VDC Program. TIAA is your central point of contact for administering the VDC Program and will work with you to help you get started in your role as an administrator of the plan.
- TIAA has served SUNY and its employees for 60 years.
- Headquartered in NY, TIAA is a Fortune 100 financial services organization and a leading provider of retirement benefits nationwide with more than \$1.2 trillion in total assets under management<sup>1</sup> and local offices across the country, serving 5 million participants and 15,000 institutions.
- TIAA is the #1 not-for-profit retirement market provider in assets and participant accounts.<sup>2</sup>
- For its stability, claims-paying ability and overall financial strength, TIAA is one of the highest rated insurance companies in the United States by four leading rating agencies.<sup>3</sup>
- TIAA specializes in the distinctive needs of those who work in the governmental, academic, research, medical and cultural fields.

<sup>1</sup> TIAA and Nuveen assets under management as of 3/31/2023 are \$1,240B or \$1.2T.

<sup>&</sup>lt;sup>2</sup> Based on data in PLANSPONSOR magazine's 2022 DC Recordkeeping Survey, combined 457 and 403(b) data as of July 21, 2022.

<sup>&</sup>lt;sup>3</sup> For stability, claims-paying ability and overall financial strength, Teachers Insurance and Annuity Association of America (TIAA) and TIAA-CREF Life Insurance Company (TIAA Life) are one of only three insurance groups in the United States to currently hold the highest possible rating from three of the four leading insurance company rating agencies: A.M. Best (A++ rating affirmed as of July 2022), Fitch (AAA rating affirmed as of October 2022) and Standard & Poor's (AA+ rating affirmed as of September 2022) and the second-highest possible rating from Moody's Investors Service (Aa1 rating affirmed as of June 2022). There is no guarantee that current ratings will be maintained. Ratings represent a company's ability to meet policyholders' obligations and do not apply to any product or service not fully backed by the issuer's claims-paying ability. The ratings also do not apply to the safety or the performance of the variable accounts or mutual funds, which will fluctuate in value.

## TIAA'S ROLE AS THIRD-PARTY ADMINISTRATOR

### AS THIRD-PARTY ADMINISTRATOR, TIAA WILL:

- Operate the recordkeeping system
- Help you set up (onboard) your agency to start offering the Program
- Provide reporting tools through the PlanFocus<sup>®</sup> administrator portal
- Collaborate with you on the day-to-day operations of the Program
- Collect and distribute remittance data to all investment providers
- Manage the employee enrollment system
- Provide information and guidance to employees to help them enroll and understand the Program benefits through the Retirement@Work<sup>®</sup> Help Desk, 866-271-0960, weekdays, 8 a.m. to 10 p.m. (ET)

### **INVESTMENT PROVIDERS**

Employees will have the option of allocating their employee and employer contributions to these approved investment provider(s).

- Corebridge Financial (formerly AIG Retirement Services) Richard Grofsick, Advisor 518-783-6464 corebridgefinancial.com/rs/nysvdc
- Fidelity<sup>1</sup> 800-343-0860 netbenefits.com/Vdc
- TIAA
   800-842-2252
   TIAA.org/nystate
- Voya 800-438-1272 nyvdc.beready2retire.com

<sup>&</sup>lt;sup>1</sup> If employees invest in the SUNY Optional Retirement Program through Fidelity, they will be investing in available group annuity contracts issued by Massachusetts Mutual Life Insurance Company ("MassMutual"), 1295 State Street, Springfield, MA 01111-0001 and administered by Fidelity Investments. If benefit payments are annuitized under the group annuity contract issued by MassMutual, those benefit guarantees are subject to the claims-paying ability of MassMutual.

### ELIGIBILITY

The VDC Program option must be made available to all employees of New York public employers/agencies who<sup>1</sup>

- Were hired on or after July 1, 2013
- Earn at the rate of pay of \$75,000
- Are unrepresented<sup>2</sup>

New York public agencies and employers are required to communicate this Program to all employees who meet the above requirements.

**Important:** Transferring NY State employees whose immediately preceding employment was with another department, division or agency of NY State *shall not be eligible* for the VDC and must remain with their current retirement system.

<sup>&</sup>lt;sup>1</sup> A defined contribution plan is a type of retirement plan in which the amount of the employer's annual contribution is specified. Individual accounts are set up for participants and benefits are based on the amounts credited to these accounts (through employer contributions and, if applicable, employee contributions) plus any investment earnings on the money in the account.

<sup>&</sup>lt;sup>2</sup> Unrepresented employee is an employee not represented by a union.

## CONTRIBUTIONS

- Defined contribution plans are retirement savings vehicles that provide benefits "defined" by employer and employee contributions to the plan and the investment earnings on those contributions.
- All contributions and any subsequent earnings are credited to individual accounts for each plan participant. The amount owed to participants upon retirement is based solely on the account balance at the time of withdrawal.
- Participants bear responsibility for managing the investments of their accounts throughout their careers; thus, each participant needs to select from among choices provided by the authorized investment providers and maintain an appropriate asset allocation to suit their individual preferences from among the investment options available within the plan.
- Professional guidance and support is available through all Program authorized investment providers to assist plan participants with investment allocation, savings strategies, decision making and fund distribution options.

## **CONTRIBUTION RATES**

- The employer contribution rate is 8% of wages.
- Employee pretax contributions rates are based on a rate of annual pay equivalent to \$75,000.

| Wages of \$45,000 or less <sup>1</sup>        | 3%    |
|---|-------|
| Wages of \$45,000.01 to \$55,000 <sup>1</sup> | 3.5%  |
| Wages of \$55,000.01 to \$75,000 <sup>1</sup> | 4.5%  |
| Wages of \$75,000.01 to \$100,000             | 5.75% |
| Wages greater than \$100,000                  | 6%    |

**Important:** The above contribution rates are subject to change by legislation passed by New York State.

<sup>1</sup> Salary rate will be considered in reaching the \$75,000 threshold. For example, if a part-time employee makes \$45,000 working 60% of a full-time schedule, then the salary rate would be \$75,000, and would qualify the employee to enroll in the VDC.

## VDC PROGRAM VESTING

#### EMPLOYEE CONTRIBUTIONS AND EARNINGS ARE ALWAYS FULLY VESTED. EMPLOYER CONTRIBUTIONS ARE SUBJECT TO VESTING GUIDELINES.

- The vesting period is 366 days.
- For employees with vested employer-funded retirement contracts through approved vendors from previous employment, vesting is immediate.
- During the vesting period, the employee and employer funds will be held in escrow by the employer. At the conclusion of the vesting period, the employer will apply the required annual interest rate of 4% to the funds held in escrow.
- Fully vested participants own all of the money in their accounts (employee and employer contributions), regardless of whether they continue to be employed with the same employer until retirement.
- A participant is not entitled to employer contributions if they terminate their employment before completing the required amount of service under the vesting schedule.
- The refund to the employee will include only the employee contributions along with 4% simple interest up to the date of termination. The employee non-vested pretax contributions should be refunded to the employee and returned on their final separation check (along with simple interest), so that it may be reported correctly on their wage and tax statement at year-end.
- Determination of vesting status is contingent upon history provided by the employee and validated by the employer. Vested employer-funded retirement contracts do not include 457 plans.

## **DISTRIBUTION OPTIONS**

### DISTRIBUTION OPTIONS

- Loans
- Death benefits

### ADDITIONAL OPTIONS AVAILABLE AT SEPARATION OF SERVICE

- Lifetime retirement income
- Single and/or systematic lump-sum withdrawals
- Minimum distribution payments
- Interest payments
- Rollovers

**Note:** Cash distributions are generally subject to ordinary federal income taxes and may be subject to an additional IRS 10% tax penalty for withdrawals made before age 59<sup>1</sup>/<sub>2</sub>.

## RESOURCES AVAILABLE TO AGENCIES/ EMPLOYERS





## TWO KEY RESOURCES

### **TELEPHONE CENTER**

A dedicated New York State VDC Program telephone center is available for plan administrators of New York public agencies and employers.

If you have any questions, please call **888-984-0010**, weekdays, 8 a.m. to 6 p.m. (ET).

Employees (through Retirement@Work) may call **866-271-0960**, weekdays, 8 a.m. to 10 p.m.



### **VDC WEBSITE**

A dedicated New York State VDC Program website is available at **www.vdc.ny.gov**. Within this website, there is a "For Agencies/Employers" section and "For Employees" section. You and your employees can learn about the program and enroll in the VDC Program here.

### **RETIREMENT@WORK**

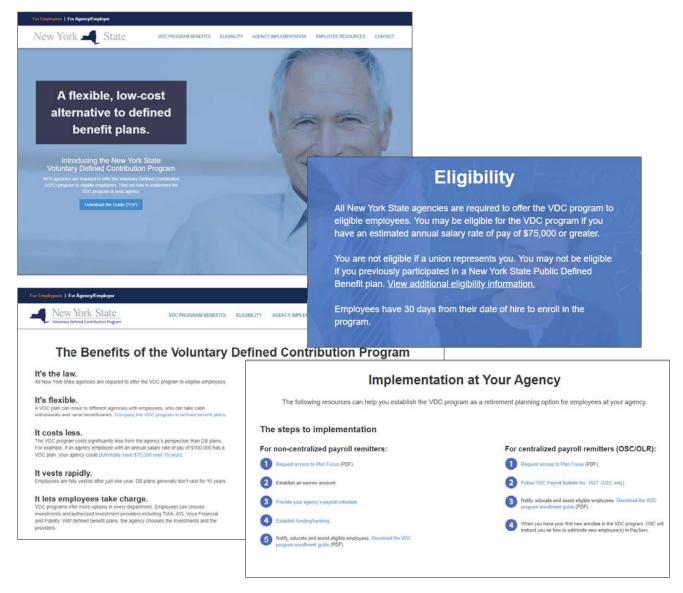
Retirement@Work is the online enrollment and management system for the VDC retirement account. It's a central portal through which eligible employees can enroll in the VDC Program, access plan information, access service provider websites, choose investment providers, and so much more—all from one location and at their convenience.

## PROGRAM INFORMATION FOR AGENCIES/EMPLOYERS

#### FOR AGENCIES/EMPLOYERS

Details of the VDC Program and resources that are relevant for benefit officers can be found by visiting the dedicated VDC Program website at **www.vdc.ny.gov** and select *For Agency/Employer* at top left. You can also access details of the VDC Program by visiting **www.vdc.ny.gov/employer**.

Graphics below are for illustrative purposes only.

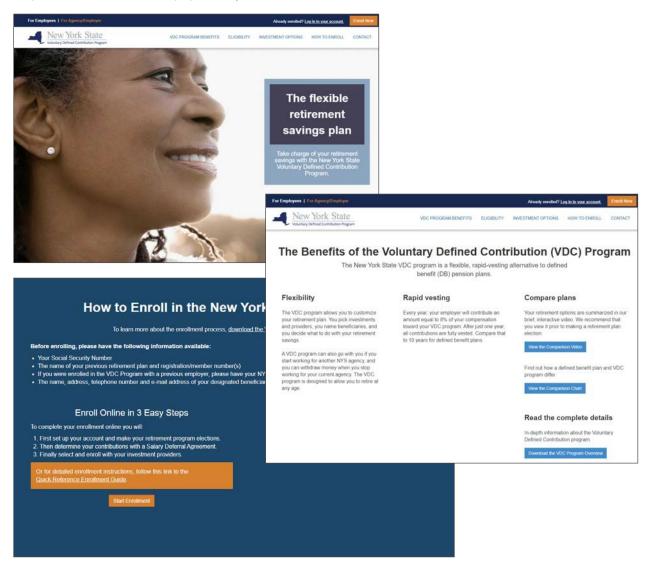


### PROGRAM INFORMATION FOR ELIGIBLE EMPLOYEES

### FOR EMPLOYEES

One of the first steps you will need to do when you have eligible employees is to direct them to the VDC Program employee website at **www.vdc.ny.gov** or directly to **www.vdc.gov/employee**. Employees will be able to learn more about the Program benefits, eligibility, investment providers and how to enroll.

Graphics below are for illustrative purposes only.



## GETTING READY TO OFFER THE VDC PROGRAM





## THE GET-STARTED CHECKLIST – FOR AGENCIES/EMPLOYERS NOT SUPPORTED BY THE OSC OR OLR

Your agency has been automatically set up to participate in the New York State Voluntary Defined Contribution (VDC) Program.

• For non-centralized payroll remitters, agencies **not** supported by the Office of the New York State Comptroller (OSC) or the New York City Office of Labor Relations (OLR), you have five steps to implementation. This information can be found in the VDC Program website, Agency/Employer implementation section.

| For Employees   For Agency/Employer   |                                |  |  |                                 |             |  |  |
|---|--------------------------------|--|--|---------------------------------|-------------|--|--|
| New York State  | VDC PROGRAM BENEFITS           | ELIGIBILITY                                  | AGENCY IMPLEMENTATION  | EMPLOYEE RESOURCES              | CONTACT     |  |  |
| Implementation at Your Agency   |                                |  |  |                                 |             |  |  |
| The following resources can help  | o you establish the VDC progra | m as a retiren                               | nent planning option for e   | employees at your agen          | су.         |  |  |
| The steps to implementation   |                                |  |  |                                 |             |  |  |
| For non-centralized payroll remitte   | ers:                           | For centralized payroll remitters (OSC/OLR): |  |                                 |             |  |  |
| 1 Request access to Plan Focus (PDF).   |                                |  | 1 Request access to Plan   | Focus (PDF).                    |             |  |  |
|   |                                |  |  |                                 |             |  |  |
| 2 Establish an escrow account.  |                                |  | 2 Follow OSC Payroll Bulle   | etin No. 1627. (OSC only)       |             |  |  |
| <ul> <li>2 Establish an escrow account.</li> <li>3 Provide your agency's payroll schedule.</li> </ul> |                                |  |  | st eligible employees. Download | the VDC     |  |  |
|   |                                |  | <ul> <li>3 Notify, educate and assis program enrollment guid</li> <li>4 When you have your firs</li> </ul> | st eligible employees. Download | m, OSC will |  |  |

Graphics below are for illustrative purposes only.

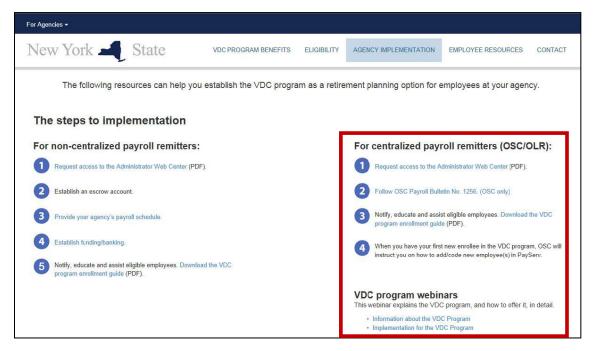
Once you have completed the above steps, you can immediately begin offering the VDC Program to eligible employees.

- Add the VDC Program as an available retirement plan on your HR Benefits website.
- Share the VDC website and Enrollment Guide with eligible employees.

## THE GET-STARTED CHECKLIST – FOR AGENCIES/EMPLOYERS SUPPORTED BY THE OSC OR OLR

For centralized payroll remitters, agencies supported by the Office of the New York State Comptroller (OSC) or the New York City Office of Labor Relations (OLR), you need to complete the following four steps and then you can begin offering the new retirement option to your eligible employees.

Graphics below are for illustrative purposes only.



- Add the VDC Program as an available retirement plan on your HR Benefits website.
- Share the VDC website and Enrollment Guide with eligible employees.

## DATA ADMINISTRATION AND REQUIREMENTS

#### SELECT THE REMITTANCE METHOD BASED ON AGENCY'S PROFILE. THERE ARE TWO REMITTANCE METHODS AVAILABLE.

The two remittance process options are:

- 1. PlanFocus<sup>®</sup> Online Contribution List available to agencies with less than 250 eligible employees
- 2. SPARK remittance file for agencies with 250 eligible employees or more

**Note:** TIAA will work with those agencies/employers that remit through a centralized remitter, such as the State Office of the State Comptroller NYS (OSC) and the New York City Office of Labor Relations (OLR).

Note: Only available to agencies that are actually remitting.

## DATA ADMINISTRATION AND REQUIREMENTS

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## REMITTANCE METHOD FOR EMPLOYERS WITH LESS THAN 250 ELIGIBLE EMPLOYEES: PLANFOCUS<sup>®</sup>

### PLANFOCUS® (LESS THAN 250 ELIGIBLE EMPLOYEES)

- Internet design for locations with a small number of employees
- Remittance method using a simple online self-service tool called Online Contribution List
- Manage remittances and adjustments online
- An online webinar showing how to remit contributions via PlanFocus can be found at www.brainshark.com/tiaa-cref\_direct/PlanFocusVDC.
- There is a print version of the Online Contribution List guide under the *EDUCATION* tab in PlanFocus<sup>®</sup>.

## **INITIAL STEPS IF USING SPARK**

# IF YOUR AGENCY IS REMITTING USING SPARK, PLEASE ALLOW SUFFICIENT TIME FOR CREATING AND TESTING YOUR FILE. THE STEPS INCLUDE:

### 1

#### **Payroll preparation**

- Create file according to SPARK file layout specifications and instructions
- Submit a test file and payroll schedule



### TIAA testing includes:

- Validation of file format
- Certification of data

## REMITTANCE FILE DATA REQUIREMENTS FOR SPARK

## YOUR REMITTANCE FILE WILL INCLUDE THE FOLLOWING KEY DATA ELEMENTS:

- Employer/plan identification data<sup>1</sup>
  - Plan ID (406081), Sub plan ID (GOR), Location code and payroll frequency codes
- Employee basic demographic data
  - Social Security number, Employee IDs, Employee Name, Address, Residency Code, Date of Birth, Email Address (preferred items include Employee title, Gender, Marital status, Phone number)
- Employee contribution data
  - Payroll Date, Contribution Source Code and Contribution Amount
  - This section allows you to include multiple money sources associated with the participant for the plan. Data is provided by plan/product.

<sup>&</sup>lt;sup>1</sup> Provided by TIAA.

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## SPARK EXPANDED FILE DATA REQUIREMENTS FILE NAMING REQUIREMENT

#### IN ADDITION, REMITTANCE FILES SHOULD ALSO INCLUDE THE FOLLOWING EXPANDED DATA ELEMENTS AND FOLLOW THE FILE NAMING:<sup>1</sup>

- Employee employment data
  - HR Location, HR Sub area (for Employee Class designations), Date of Hire, Employment, Employment Status Date, Employee Type (Full- or Part-Time), Payroll Mode (Normal - 100), Annual Salary, Per Pay Compensation (includible compensation)
- Employee enrollment data
  - Employee Status, Plan Entry Date
- All remittance files must be submitted with the following file naming convention:
  - Production File Naming Standards

FILETYPE\_CLIENTID\_EMPLOYERID\_LOCATIONID\_PLANPAY\_GROUP\_YYMMDD\_HHMMSS.TXT

Example: CR\_406081\_406081\_<Your Location ID>\_<Your PayFrequency>\_120108\_113000.TXT

<sup>1</sup> Please consult with your IT department regarding preparing and remitting this data.

## SPARK EXPANDED FILE DATA REQUIREMENTS FILE NAMING REQUIREMENT

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## FORMAT: SPARK FILE REMITTANCE FILE OVERVIEW

## SPARK FORMAT (>250 ELIGIBLE EMPLOYEES AND/OR CENTRALIZED REMITTER SUCH AS OSC AND OLR)

- TIAA uses the SPARK layout for this file type
  - Layout will allow the adoption of future services such as eligibility, limits monitoring, and employer calculations
  - Pipe delimited file format following SPARK Institute Standard format
- File requires a row of data per plan/product
- The census remittance file is transferred by the payroll provider to the TIAA after each payroll is run
  - SPARK Remittance files must be transferred via secure file transfer protocol (SFTP)
- File includes updates on census data, salary, deferral updates, and position changes
- File includes newly eligible employees and current payroll information
- Testing is a 6- to 8-week iterative approach

## BEST PRACTICES FOR SUBMITTING SPARK DATA FILE

- Before loading data, you should audit the file to ensure that the file format was not impacted when you created the file. All required fields should be populated according to the file specifications.
- Submit your data file to TIAA either by file exchange or secure file transfer protocol (SFTP).
  - Census remittance file must be submitted based on your predetermined payroll schedule, no fewer than three (3) business days before the payroll date.
  - Look for a confirmation that your census remittance file has been determined to be in good order.
  - Notification of funding will be made to agency (by email) of the good order status of the data.

## **REMITTANCE OF CONTRIBUTION FUNDING**

- Monies for contributions should only be remitted after you have received confirmation that your file is in good order (i.e., properly formatted to successfully transmit accurate information).
- TIAA will provide you with a report that provides a breakdown of amounts allocated to each investment provider.
- Contribution funding can be accomplished using one of the two methods described below:
  - Fedwire
  - Automated Clearing House (ACH)

## THE NEW HIRE EXPERIENCE





## EMPLOYEES RECEIVE THE ENROLLMENT GUIDE

All eligible employees should receive a copy of the VDC Enrollment Guide, which provides an overview of the Program features, eligibility and enrollment steps. The guide can be downloaded from **www.vdc.ny.gov**.

Graphics below are for illustrative purposes only.



### EMPLOYEES RECEIVE THE EMPLOYER SHORT NAME FLYER

During this enrollment step, employees will be prompted to select their employer location/name. An abbreviated version of the employer's name was created for the New York State Voluntary Defined Contribution enrollment system. Each employee should receive a flyer providing them the name they should select during enrollment. Please note that selecting an incorrect employer will erase the employee's enrollment application.

Graphics below are for illustrative purposes only.



### EMPLOYEE ENROLLMENT

Employees will visit the VDC Program website and click *Enroll Now* at the top right or start enrollment at the bottom of the screen.

| s below are for illustrative purposes onl   | .y.                                       |   |                          | Г                            |          |  |
|---|---|---|--------------------------|------------------------------|----------|--|
| Employees   For Agency/Employer   |   |   | Already enrolled?        | <u>og in to your account</u> | Enroll N |  |
| New York State  | VDC PROGRAM BENEFITS                      | ELIGIBILITY   | INVESTMENT OPTIONS       | HOW TO ENROLL                | CONTAC   |  |
| How to Enroll   | in the New Yor                            | k State   | e VDC Prog               | gram                         |          |  |
| To learn more about the   | e enrollment process, <u>download the</u> | VDC program   | enrollment guide (PDF).  |                              |          |  |
| efore enrolling, please have the following informat   | tion available:                           |   |                          |                              |          |  |
| Your Social Security Number<br>The name of your previous retirement plan and regis<br>If you were enrolled in the VDC Program with a previ<br>The name, address, telephone number and e-mail ar | ious employer, please have your N         |   | am contract number(s) av | vailable.                    |          |  |
| Enroll Online in 3 Easy St  | teps                                      |   | Pick up th               | e phone                      |          |  |
| complete your enrollment online you will:   |   |   | 866-271-0960 to speak v  |                              |          |  |
| . First set up your account and make your retirement<br>2. Then determine your contributions with a Salary Def<br>3. Finally select and enroll with your investment provid                      | ferral Agreement.                         | consultant who can guide you through the enrollment<br>process. |                          |                              |          |  |
| Or for detailed enrollment instructions, follow this link<br>Quick Reference Enrollment Guide.  | to the                                    |   |                          |                              |          |  |
| Start Enroliment  |   |   |                          |                              |          |  |
|   |   |   |                          |                              |          |  |
|   |   |   |                          |                              |          |  |

Employees will then be directed to the enrollment and management system called Retirement@Work, where they can create a secure account and then enroll online.

For detailed step by step instructions to enroll, employees can download the Quick Reference Guide.

### INTRODUCING RETIREMENT@WORK®

Retirement@Work is a web-based online enrollment system that allows eligible employees online access to quickly and easily establish a retirement account, make a retirement election and select the investment providers.

If employees need assistance with the Retirement@Work system, they can call **866-271-0960** to speak with an experienced Retirement@Work consultant.

| Welcome! We've made it easy to start managing your retirement benefits.   |  |
|---|--|
| Simply log in with your user ID and password. If you're here for the first<br>time, select <b>REGISTER NOW</b> to get started.<br><b>REGISTER NOW</b><br><u>Already registered?</u> |  |

### EMPLOYEES WILL ENROLL IN THESE EASY STEPS:

- Step 1: Register and set up a VDC Program retirement account
- Step 2: Complete their retirement Program election
- Step 3: Select investment providers
- Step 4: Open an investment account with each investment provider chosen

### EMPLOYEE ENROLLMENT SCREENS STEP 1: REGISTER AND SET UP ACCOUNT

|   | NEW REGI  | STRATION  |                           |   |                                 |                           |
|---|---|---|---------------------------|---|---------------------------------|---------------------------|
|   | Personal in   |   |                           |   |                                 |                           |
| Please provide  |   | . Fields marked with an (*) are required.   |                           |   |                                 |                           |
|   |   |   |                           |   |                                 |                           |
| SOCIAL SECURITY NUMBER WEX SE 294 AMR. M  | nx Repet Reputst (humber)   | *CONFIRM SOCIAL SECURITY NUMBER   |                           |   |                                 |                           |
| XXX-XX-XXXX   | SHOW  | XXX-XX-XXXX   | SHOW                      |   |                                 |                           |
| ÷   |   |   | 2                         |   |                                 |                           |
| DATE OF BIRTH   |   |   |                           |   |                                 |                           |
| MM/DD/YYYY  |   |   |                           |   |                                 |                           |
|   |   |   | A New Mark State.         |   |                                 |                           |
|   | CANCEL  | LIFTLY .  | -Select Prefix-           | Ŷ | -PIRST NAME                     |                           |
|   | CANCEL  | NEXT  | -Select Pretty            | ~ | 100                             |                           |
|   |   |   | LAST NAME                 |   | SLIPTX                          | -GENDER                   |
|   |   |   | Test                      | - | -Select Suffix-                 | Female                    |
|   |   |   |                           |   |                                 |                           |
|   |   |   | Mailing address           |   |                                 |                           |
|   |   |   | -country<br>UNITED STATES | ~ | -ADDRESS LINE 1<br>209 VDC Test | ADDRESS LINE 2 (OPTIONAL) |
|   |   |   |                           |   | Lauran                          |                           |
|   |   |   | Albany                    |   | -state<br>New York              | -z# coot<br>~ 12084       |
|   |   |   | Albany                    | S |                                 | 12004                     |
|   |   |   |                           |   |                                 |                           |
|   |   |   | Phone number              |   |                                 |                           |
| rk State  |   |   | Phone number              |   | SECONDARY PH                    | ONE                       |
| rk State  |   |   | Phone number              |   | SECONDARY PH                    |                           |
| Email address   | x   | an a  | 000                       |   |                                 |                           |
|   | forget your user ID. It can b   | e the same or different from the email addres                                     | 000                       |   |                                 |                           |
| Email address<br>We'll use this email address in the event you f<br>receive other communications.   |   |   | 000                       |   |                                 |                           |
| Email address<br>We'll use this email address in the event you for<br>receive other communications.   | -0  | DNFIRM EMAIL ADDRESS  | 000                       |   |                                 |                           |
| Email address<br>We'll use this email address in the event you f<br>receive other communications.   | -0  |   | 000                       |   |                                 |                           |
| Email address<br>We'll use this email address in the event you for<br>receive other communications.   | -ci   | DAFIRM EMAIL ADDRESS<br>/dc.test@tiaa.org   | 000                       |   |                                 |                           |
| Email address<br>We'll use this email address in the event you f<br>receive other communications.<br>•EMAIL ADDRESS<br>vdc.test@tiaa.org  | Contine av  | onfirm EMAIL ADDRESS<br>/dc.test@tiaa.org<br>//////////////////////////////////// | s you use to              |   |                                 |                           |
| Email address We'll use this email address in the event you f receive other communications. *EMAIL ADDRESS Vdc.test@tiaa.org Your user ID must start with a letter and be 6 to 20 alphanumeric characters, and not com  | Contine av  | DAFIRM EMAIL ADDRESS<br>/dc.test@tiaa.org   | s you use to              |   |                                 |                           |
| Email address<br>We'll use this email address in the event you for<br>receive other communications.<br>•EMAL ADDRESS<br>vdc.test@tiaa.org<br>Your user ID must start with a letter and be 6<br>to 20 alphanumeric characters, and not com<br>Nex Rel strate a serie server RC                 | Contine av  | onfirm EMAIL ADDRESS<br>/dc.test@tiaa.org<br>//////////////////////////////////// | s you use to              |   |                                 |                           |
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| Email address<br>We'll use this email address in the event you for<br>receive other communications.<br>*EMAIL ADDRESS<br>Vdc.test@tiaa.org<br>Your user ID must start with a letter and be for<br>to 20 alphanumeric characters, and not com<br>Nex #0.1 starts a susmasseemer @<br>*users to | * On<br>Nonline au<br>S to 20 aphanumeric chara<br>train special characters suc | onfirm EMAIL ADDRESS<br>/dc.test@tiaa.org<br>//////////////////////////////////// | s you use to              |   |                                 |                           |

## STEP 2: RETIREMENT PROGRAM ELECTION

Graphics below are for illustrative purposes only.

| How can w   | e help you?   |
|---|---|
| place to take change of your retirement as<br>New York State Voluntary Defined Contriby | by have an account, you've come to the right<br>mings. For more information please visit the<br><u>tion Program website</u> to review the program<br>ne comparison chart. |
| PLEAS   | E SELECT  |
| 窳   | ·ģ·   |
| I'd like to enroll in a Retirement<br>Program   | I'm enrolled and need to manage<br>my account   |
| Choose your Retirement Program, make election<br>and enroll online                      | View or make changes to your elections or manage<br>your personal information   |
| ENROLL NOW  | VIEW MY ACCOUNT   |

2

### Employee selects current employer

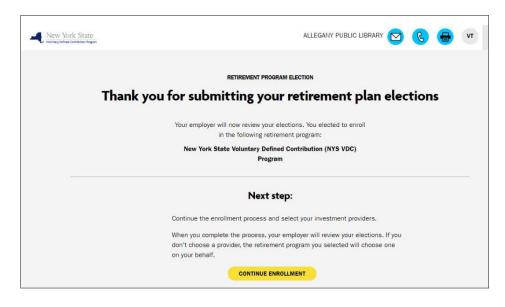


|                                  |        | e provide your retirement program history.  |
|----------------------------------|--------|---|
| In order to determine if you are | eigble | for the New York State Voluntary Defined Contribution (NYS VDC) Program, you are required to<br>answer the following questions:                   |
| 785                              | ND .   |   |
| 0                                | 0      | * 1. Here you ever worked for a public employer in New York?  |
| YEB                              | .ND    |   |
| 0                                | 0      | $^{\rm m}$ 2. Are you presently receiving a retrement benefit from any public retrement system of New York State?                                 |
| YES                              | 80     |   |
| 0                                | 0      | * 3. Do you currently own a vested, employer-sponsored retriement<br>contract with TMACREE, All Retriement Services. Edenty or Viga<br>Financial? |
|                                  |        | I have read and accept these <u>Terms and Conditions</u>  |
|                                  |        |   |
|                                  |        | Save & return later   |

# STEP 2: RETIREMENT PROGRAM ELECTION (CONTINUED)

| Please provide your retirement program history.<br>In order to determine if you are eligible for the New York State Voluntary Defined Contribution (NYS VDC) Program, you are n<br>answer the following questions: | sourced to |
|--|------------|
|  | ouired to  |
|  | iden og to |
| YES NO   |            |
| * 1. Have you ever worked for a public employer in New York?   |            |
| YES NO   |            |
| <ul> <li>* 2. Are you presently receiving a retirement benefit from any public<br/>retirement system of New York State?</li> </ul>   |            |
| YES NO   |            |
| <ul> <li>* 3. Do you currently own a vested, employer-sponsored retirement<br/>contract with TIAA-CREF, AIG Retirement Services, Fidelity or Voya<br/>Financial?</li> </ul>  |            |
| I have read and accept these Terms and Conditions  |            |

Employee elects the VDC Program.



### STEP 3: EMPLOYEE WILL SELECT INVESTMENT PROVIDER(S)



Employee decides if they want to direct employer and employee contributions to the same investment provider(s).

| New York State   | ALL  | EGANY PUBLIC LIBRARY 🖂 🚯 🖶 🗤                                    |
|--|--|---|
| CONTRIBUTIONS  | HISTORY  | EDUCATION & TOOLS   |
|  | SET UP CONTRIBUTIONS   |   |
|  | rs for your retirement accounts belo<br>s, features, plan fees and levels of | w. Keep in mind that each provider offers different<br>support. |
|  |  | tirement investments?   |
|  | nent providers you would like your of<br>an choose one or more investment    |   |
|  | account with the providers you sele<br>'s website will be included once you  |   |
| <ul> <li>Your employer will contribute toward your retirem providers.</li> </ul> | nent and requires that you contribute, to                                    | o, Direct these contributions to one or more investment         |
|  | Which provider fits you best?  |   |
|  | Research these investment provid   | <u>815</u>  |
| Direct all contribut   | ion types to the same in   | vestment provider(s)?   |
| (Contribution types may vary by plan and can inc                                 | clude various employee and employ<br>each contribution type separatel        | er contributions.) Choosing 'No' allows you to direct<br>y.     |
|  | 🕑 Yes  |   |
|  | O No   |   |

4

Employee enters percentage to allocate to investment provider(s).

| New York State |                            | Independent Bud                                     | get Office Nyc 🛛 🔇 | ə 🖶  | LOG OUT |
|----------------|----------------------------|---|--------------------|------|---------|
| CONTRI         | BUTIONS                    | HISTORY   | EDUCATION & T      | OOLS |         |
| Ε              | How do you want            | t to direct your con<br>to contribute to each inves |                    |      |         |
|                | AIG Retirement<br>Services | 25  | %                  |      |         |
|                | Fidelity*                  | 25  | %                  |      |         |
|                | TIAA                       | 25  | %                  |      |         |
|                | Voya Financial             | 25  | %                  |      |         |
|                |                            | TOTAL (must equal 100                               | )%): <b>100%</b>   |      |         |
|                | BACK                       | NEXT  |                    |      |         |

## STEP 4: EMPLOYEE WILL BE DIRECTED TO ENROLL WITH EACH INVESTMENT PROVIDER ELECTED

Graphics below are for illustrative purposes only.

| rk State<br>Cartibuton Negum   |                         | Adirondack Park Agency             | 6                         | JG   | LOG OUT |
|--|-------------------------|------------------------------------|---------------------------|------|---------|
| CONTRIBUTIONS  | HISTORY                 | EDUCATIO                           | ON & TOOLS                |      |         |
|  | SET UP CONTRIBUTIO      | IS                                 |                           |      |         |
| Confirmation   | : Your electio          | ns were submit                     | ted                       |      |         |
| The elections you made were successf   | fully submitted. You ca | 1 <u>print this confirmation p</u> | <u>age</u> for your reco  | rds. |         |
| Your employer is reviewing your New York State V<br>elections are approved by your employer. In the e  |                         |                                    |                           |      |         |
| Funds will be sent to your chosen investment p<br>Please contact your Administrator or refer to yo   |                         |                                    | fter 366 days of service. |      |         |
| (i) NEXT STEP: Open Your Investment Accounts<br>If you have not done so already, visit each pro<br>COREBRIDGE FINANCIAL FI<br>To find out what happens to your contributions | DELITY* TIAA            | VOYA FINANCIAL                     |                           |      |         |

The links shown in the enrollment system will take employees directly to each investment provider's website to open an account with them.

| Corebridge Financial (formerly AIG |                                   |                     |
|------------------------------------|-----------------------------------|---------------------|
| Retirement Services), Richard      | corebridgefinancial.com/rs/nysvdc | 518-783-6464        |
| Grofsick, Advisor                  |                                   |                     |
| Fidelity                           | netbenefits.com/Vdc               | 800-343-0860        |
| TIAA                               | TIAA.org/nystate                  | 866-662-7945        |
| Voya                               | nyvdc.beready2retire.com          | 800-438-1272 Opt. 3 |

## STEP 4: EMPLOYEE WILL BE DIRECTED TO ENROLL WITH EACH INVESTMENT PROVIDER ELECTED

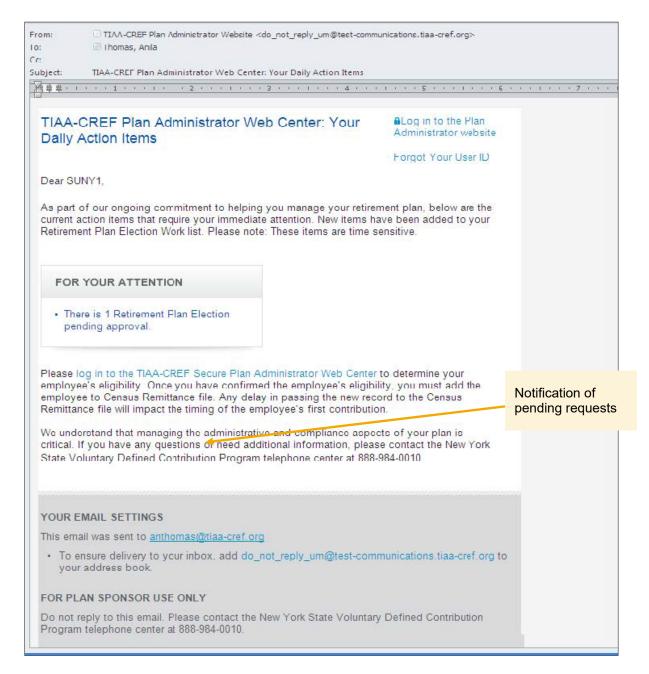
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## THE BENEFITS ADMINISTRATOR'S ROLE





### EMAIL WILL BE SENT TO AGENCY/EMPLOYER PLAN ADMINISTRATOR



## HOME PAGE OF THE ADMINISTRATOR WEBSITE CALLED PLANFOCUS®

PlanFocus<sup>®</sup> is TIAA's secure plan sponsor website that provides employers, plan administrators and their intermediary partners with the tools they need to manage and optimize their plans, drive outcomes and deepen employee engagement. PlanFocus<sup>®</sup> is the gateway for employers to be more efficient in completing reporting and administrative tasks, managing fiduciary responsibilities and gaining quick access to data, tools and resources.



## APPROVE OR DECLINE NEW ENROLLMENT

HR selects the *Pending Plan Election Requests* tab where they will have access to the details of each employee's request. You will:

- Approve or decline each request
- If declined, contact employee to let them know of ineligibility

| Financial Services                 | SUNY The State University<br>of New York                             |  | SEARCH: Participant         | or Keyword 🧏  |
|------------------------------------|--|--|-----------------------------|---------------|
| PlanFocus <sup>®</sup> Home        | Administration Reporting Comp  | liance Education   | Contact Us                  | Notifications |
| Enrollments: Submi <sup>r</sup>    | Participant Search   |  |                             | ? HEL         |
| (ou may select plans by c          | View a participant's account, update SEARCH: Participant name or SSI | employment status and address, view plan b<br>N <b>P</b> | palances, and more.         |               |
| Plans by Location                  |  |  |                             |               |
| Disease and strength 2             | Contributions  | Enrollments  | File Exchange               |               |
| Please select up to 2              | Submit Contributions via File  | Manage VDC Retirement Plan                               | Upload File                 |               |
| Results Per Page 20                | View Contribution History  | Elections  | View Uploaded Files         | Next +        |
|                                    | Manage Online Contribution List                                      | Enroll an Employee                                       |                             |               |
| ADDISON CSD                        | Manage Census Information  | Manage Access Codes                                      | Site Management             | <u>^</u>      |
| ADIRONDACK PAF                     | Manage Census mornation  | Customize Participant Enrollment                         | Add New Site User           |               |
| AFFORDABLE HO                      |  | Saved Enrollments  | Site Users by Name          |               |
|                                    |  | Submitted Enrollments                                    | Site Users by Plan and Role |               |
| ALBANY AIRPORT     ALBANY C IND DE |  | Sabinites Enviniente                                     | History of Changes          |               |
| ALBANY CITY SCH                    |  | Investments  |                             |               |
|                                    |  | View Investment Performance                              | Forms                       |               |
|                                    |  |  | Participant Forms           |               |
|                                    |  |  | Plan Sponsor Forms          |               |

### EXPANDED RECORD

Expand each record to review retirement history to determine eligibility and vesting.

| JONES, VICTORIA<br>XXX-XX-9876     | 06/13/2013                | STATE EMERGENCY MAIN OFFICE       | Approve              | Decline   |
|------------------------------------|---------------------------|-----------------------------------|----------------------|-----------|
| Participant Details :              |                           | Prior Public Employer and Plan    | Details:             |           |
| Name:                              | JONES, V CTORIA           | Have you ever worked for a public | Yes                  |           |
| celle                              | XXX-XX-9876               | employer in New York?             |                      |           |
|                                    |                           | Name of Agency:                   | NYS Dept of Treasury | g 🔰       |
| Email:                             | VicJon123@tiaa-cref.org   | Title of Position:                | FireFighter          |           |
| Phone Number:                      | 2222222222                | The of Position.                  | i ner igner          |           |
| Title                              | Librarian                 | Q1 Full or Part Time:             | Full Time            |           |
|                                    |                           | From Date:                        | 01/01/2013           |           |
| Agency:                            | STATE EMERGENCY MAIN OFFI |                                   | 06/12/2013           | Based or  |
|                                    |                           |                                   |                      | retiremer |
| Current Retirement Benefits Det    | ails:                     | Name of Retirement System:        | 88888                | history,  |
| Are you presently receiving a      | Yes                       | Registration/Contract #           | NYC TRS              | Approve   |
| retirement benefit from any public |                           | Was immediate prior employer:     | Voc                  | or Declin |
| retirement system of New York      | Q2                        | was immediate prior employer:     | 165                  |           |
| State?                             |                           |                                   |                      |           |
| Name of Retirement System:         | NYC TRS                   |                                   |                      |           |
| Retirement/Contract Number:        | 999999                    |                                   |                      |           |
| Date of Retirement:                | 06/07/2013                |                                   |                      |           |
| Current Investment Provider Pla    | n Details :               |                                   |                      |           |
| Do you currently own a vested,     | Yes                       |                                   |                      |           |
| employer-sponsored retirement      |                           |                                   |                      |           |
| contract with TIAA-CREF, NG,       | Q3                        |                                   |                      |           |
| Met-Life or VALIC?                 |                           |                                   |                      |           |
| Investment Provider:               | MetLife                   |                                   |                      |           |
|                                    |                           |                                   |                      |           |

### **RETIREMENT PLAN ELECTION HISTORY**

Once employee records are either approved or denied, they are automatically moved and stored in the *Retirement Election History* view.

| nage Retirement Election Re                         | quests 🖬            |                             | 🖪 EXPORT 🐚 PF                                 |
|---|---------------------|-----------------------------|---|
| Pending Retirement Election Requests                | Retirement Election | n History                   |   |
| Search plan election requests Participant Last Name | Advanced Search     | Status<br>Recorded          |   |
| PARTICIPANT DETAILS                                 | SIGNATURE DATE      | AGENCY NAME                 | Results 1-5 of 5                              |
| OBAMA, MICHELLE     XXX-XX-4567                     | 06/13/2013          | STATE EMERGENCY MAIN OFFICE | Approved<br>By SEMO, UAT on 06/13/2013        |
| MANDAL, SARFARAZ     XXX-XX-6104                    | 05/31/2013          | STATE EMERGENCY MAIN OFFICE | Approved<br>By SEMO, UAT on 06/07/2013        |
| + LNAME, FNAME<br>XXX-XX-1234                       | 05/31/2013          | STATE EMERGENCY MAIN OFFICE | Approved<br>By SEMO, UAT on 06/05/2013        |
| MOUSE, MINNIE<br>XXX-XX-8765                        | 06/05/2013          | STATE EMERGENCY MAIN OFFICE | Approved<br>By SEMO, UAT on 06/05/2013        |
| • TEST NYS, TEST<br>XXX-XX-6789                     | 05/10/2013          | STATE EMERGENCY MAIN OFFICE | Approved<br>By TESTING, SUNYVDC on 05/10/2013 |

# HOW TO INTERPRET RETIREMENT PLAN ELECTION QUESTIONS





## HOW TO INTERPRET RETIREMENT PLAN ELECTION QUESTIONS

**Question 1:** Have you ever been an employee of a public agency/employer within New York State?

| Name of agency/employer               |  |
|---------------------------------------|--|
| Title of position                     |  |
| Full or part time                     |  |
| From date                             |  |
| To date                               |  |
| Name of retirement system             |  |
| Immediate prior employment? Yes or No |  |

- A non-State public agency employee with immediate prior employment at another non-State public agency can join VDC.
- A State agency employee with immediate prior employment at another State agency **cannot** join VDC.
- When employed in a position for which retirement system membership is mandatory, a public employee within New York State is required to select a retirement system within 30 days of employment and election to that system is irrevocable unless there is a "qualifying event."

Refer to Frequently Asked Questions (FAQs) at **www.vdc.ny.gov** for additional information on qualifying events. Prior service in ERS or TRS qualifies for service credit under the VDC Program.

## HOW TO INTERPRET RETIREMENT PLAN ELECTION QUESTIONS

**Question 2:** Are you presently receiving a retirement benefit from any public retirement system of New York State?

| Name of retirement system  | Retirement contract number | Date of retirement |
|--|----------------------------|--------------------|
| New York State Employees Retirement<br>System (NYSERS)                         |                            |                    |
| New York State Teachers Retirement<br>System (NYSTRS)                          |                            |                    |
| New York State and Local Police and<br>Fire Retirement System (NYSPFRS)        |                            |                    |
| New York City Employees' Retirement<br>System (NYCERS)                         |                            |                    |
| New York City Teachers' Retirement<br>System (NYCTRS)                          |                            |                    |
| Board of Education Retirement System of the City of New York (NYCBERS)         |                            |                    |
| New York City Fire Department<br>Pension Fund                                  |                            |                    |
| New York City Police Pension<br>Fund (NYC-PPF)                                 |                            |                    |
| Manhattan and Bronx Surface<br>Transportation Operating Authority<br>(MaBSTOA) |                            |                    |

Employees receiving a benefit payment from any of the State or City retirement systems are not allowed to participate in the VDC Program.

### HOW TO INTERPRET RETIREMENT PLAN ELECTION QUESTIONS

**Question 3:** Do you currently own a vested employer-sponsored retirement contract with Corebridge Financial, Fidelity, TIAA, or Voya?

| Provider  | Contract number |
|---|-----------------|
| Corebridge Financial<br>(formerly AIG Retirement<br>Services) |                 |
| Fidelity  |                 |
| TIAA  |                 |
| Voya  |                 |

If employee has a valid, fully vested employer plan contract or 366 days of service credit in ERS/TRS, they qualify for immediate vesting. Voluntary supplemental plans do not meet this requirement (e.g., deferred comp, 401(k)). If less than 366 days service credit in ERS/TRS, service credit may be applied against the VDC vesting period.

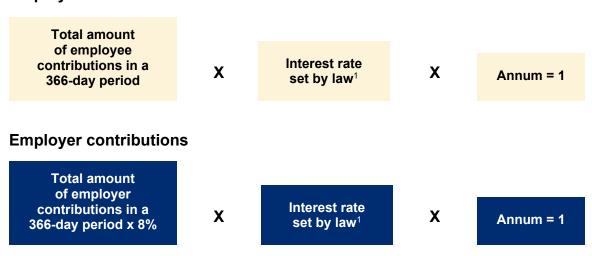
HR **must** verify ownership of contract by calling providers, applicable retirement system, or require employee to provide copy of retirement annuity statement.

If fully vested, begin remittance to TIAA. Do not put funds in escrow.

### MANAGE ESCROW ACCOUNT

# EMPLOYER AND EMPLOYEE CONTRIBUTIONS SHOULD BE HELD IN AN ESCROW ACCOUNT UNTIL PARTICIPANT IS VESTED. VESTING IS EQUAL TO 366 DAYS OF SERVICE.

Plan administrators or their payroll provider will need to calculate the interest earned while monies are held in the escrow account using a simple per annum formula.



**Employee contributions** 

<sup>1</sup> Please be advised that the interest rate used in the calculation above is set by New York State Law and is subject to change.

## WHAT IF YOU DON'T HAVE AN ESCROW ACCOUNT?

- If your agency does not have an escrow account, you must create one.
- The recordkeeping of the employer and employee contributions held is maintained by the agency and is necessary to comply with plan reporting. This includes amounts reportable on the employee's W-2.
- If an employee terminates before meeting the 366-day vesting, he/she may request a refund of his/her contributions. If employee terminates from service before or after meeting their vesting period, the employer must update the employee profile record with status/termination date in PlanFocus<sup>®</sup>.

**Note:** Employer should only update record if the employee is vested at the time of separation, once final contribution by employer is made on employee's behalf.

## UPDATING CENSUS REMITTANCE FILE

Add new employee to payroll system and code with corresponding contribution level:

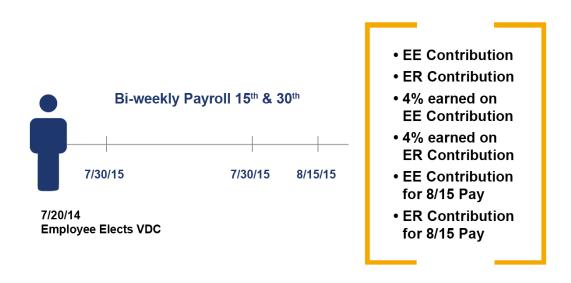
| Wages of \$45,000 or less <sup>1</sup>        | 3%    |
|---|-------|
| Wages of \$45,000.01 to \$55,000 <sup>1</sup> | 3.5%  |
| Wages of \$55,000.01 to \$75,000 <sup>1</sup> | 4.5%  |
| Wages of \$75,000.01 to \$100,000             | 5.75% |
| Wages greater than \$100,000                  | 6%    |

- Date of birth, date of hire, date of membership, and salary will need to be tracked.
- Determine who is 100% vested or will receive vesting credit from another retirement system.
- Your payroll will need to provide guidelines about how many days prior to the "payroll run date" an employee will need to be on payroll system to be captured on the payroll run.

<sup>&</sup>lt;sup>1</sup> Salary rate will be considered in reaching the \$75,000 threshold. For example, if a part-time employee makes 45,000 working 60% of a full-time schedule, then the salary rate would be \$75,000, and would qualify the employee to enroll in the VDC.

### CONTRIBUTIONS – WHICH GO TO ESCROW

- 1. New employee with no ERS, TRS, or another State or City retirement system prior service credit (0 to 366 days)
- 2. New employee that does not own a prior employer-sponsored annuity contract with either Corebridge Financial (formerly AIG Retirement Services), Fidelity, TIAA, and/or Voya

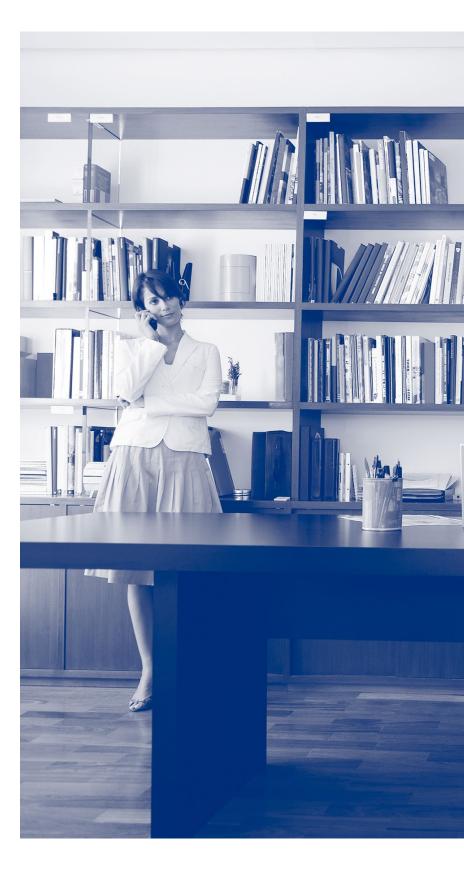


\* During first 366 days, employee and employer money will be placed in escrow, payroll following completion of vesting (8/15/15), monies in escrow will be remitted to TIAA + interest on both employee and employer contributions + normal payroll employee contribution and employer contribution.

### CONTRIBUTIONS – WHICH GO TO ESCROW

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## NEXT STEPS





## NEXT STEPS – AGENCIES NOT SUPPORTED BY OSC OR OLR

If your agency has a new eligible employee but has not completed onboarding, you must follow these temporary steps:

- Employee must make a decision to join within 30 days of hire date.
- If employee meets eligibility, vesting status must be determined using the retirement plan election (RPE) participation history from the employee. Please call the Administrator Telephone Center for assistance, if needed.

### If employee is eligible and fully vested

- Upon completing the onboarding steps, the agency must recordkeep the contributions.
- Once onboarded, the employee must execute the steps to enroll through the VDC website: **www.vdc.ny.gov.**
- Thereafter, your agency submits the first census remittance file with the current and arrears contributions.

### If the employee is eligible to participate, they must meet the 366-day vesting period

- Agency must recordkeep contributions (in escrow) until the vesting period is complete.
- Onboarding must be completed as soon as possible.
- Once onboarding is complete, the employee must execute the steps to enroll through Retirement@Work.

### NEXT STEPS – AGENCIES SUPPORTED BY OSC OR OLR

For centralized payroll agencies such as the New York State Office of the State Comptroller and the New York State Office of Payroll Administration, TIAA is working with both agencies to complete the onboarding steps.

If you are an OSC-supported Agency, please follow the Payroll Bulletin at **www.osc.state.ny.us/agencies/pbull/agencies/2013\_2014/bulet1256.htm**.

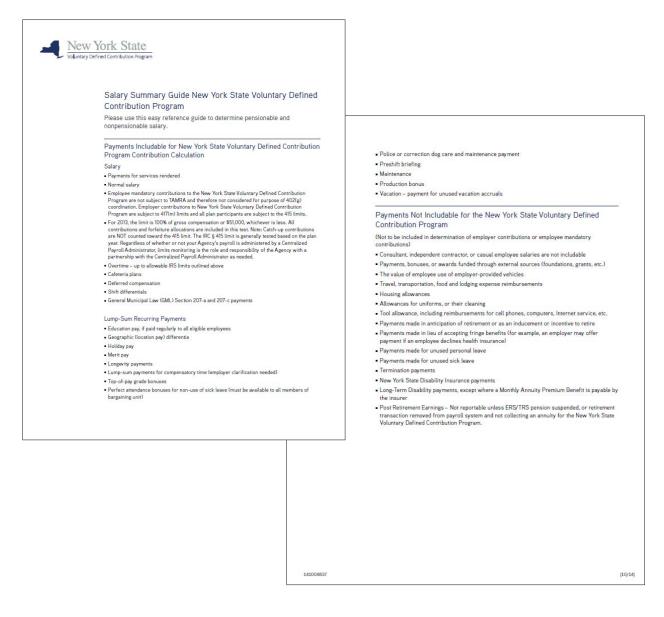
APPENDIX: ADDITIONAL FORMS AND RESOURCES FOR BENEFITS OFFICERS





### SUNY ORP SALARY SUMMARY GUIDE

Please use this easy reference guide to determine pensionable and non-pensionable salary. Access the full guide at www.tiaa.org/public/pdf/VDC\_Salary\_Summary\_Guide\_FINAL.pdf.



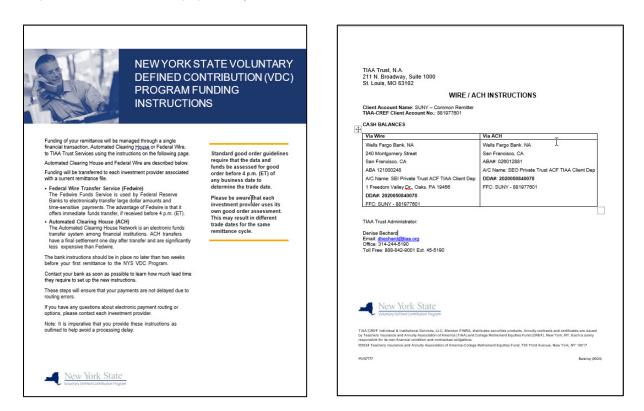
### PLANFOCUS<sup>®</sup> ADMINISTRATOR ACCESS REQUEST FORM

- The access request form is located on the VDC Program website, Agency Implementation, or you may access the form directly at www.tiaa.org/public/pdf/forms/F11507.pdf.
- Fax completed and signed form (four pages) to **800-842-5916**, email to **paservices@TIAA.org** or mail to **TIAA, P.O. Box 1259, Charlotte, NC 28201**.

|  |  | VUC ADIVITINIS  | STRATOR SERVICES   |  |   |   |   |  |                        |
|--|--|---|--|--|---|---|---|--|------------------------|
| UESTIONS: Call the                                       | ADMINISTRATOR SERVICES   |   |  |  |   |   |   |  |                        |
| dministrator Telephore<br>enter (ATC) at<br>88-984-0010. | This application allows you to authorize admir<br>Services, which provides access to the secure<br>Center (ATC). These resources will provide the<br>retirement plans. |   |  | VD   |   |   |   |  | TIAA ONLINE            |
|  | You can use this application to add or celete  | Please print using black or<br>dark blue ink  | SECTION 1: GENERAL INFORM  |  |   |   |   | VDC ADMINISTRA   |                        |
|  | remove a user's access to online functionality.<br>To complete this application, the following def   | Be sure to send all pages together. TIAA will notify you  | Please indicate whether you are applyin<br>you are a Primary Authorizer and are rep<br>user and provide the name of the user(s   | alacing a current user,  | Note: List all agencies for which you would like access | 2. PLAN INFORMAT<br>Please list agencies for wh   | ION AND ACCESS (CON   | NTINUED)   |                        |
|  | PRIMARY AUTHORIZER   | once this application has<br>been processed.  | Provide the general information request  |  | including name, address,<br>website and Location or     | Trease as agendes for the   | and you would like access.  |  | Location Code/         |
|  | A Primary Authorizer is the administrator who<br>Administrators at the agency. This authorizatio<br>Functions.   | Any information missing on<br>this application will delay<br>processing. If you have any<br>questions about how to fill | use TIAA's Administrator Services. Émail<br>external entities.<br>Check One  |  | Payroll Code.   | Agency Name   | Address   | Agency Website   | Payroll Code           |
|  | PLAN ADMINISTRATOR   | out this form, please call<br>the Administrator Telephone<br>Center at 888-984-0010.                                    | I am applying as a Primary Authoriz<br>current Primary Authorizer. If you are  |  |   |   |   |  |                        |
|  | A Plan Administrator is an administrator who I<br>A Plan Administrator cannot add, edit or delet<br>level may have access to one or more Adminis                       | Center 21 355-954-0010.   | I am applying as a Plan Administrat<br>Primary Authorizer.   | tor of my agency. Sign   |   |   |   |  |                        |
|  | NEITHER THE PRIMARY AUTHORIZER NOR AN<br>TO ANY INDIVIDUAL OUTSIDE OF YOUR AGEN<br>AGENTS, REPRESENTATIVES OR SUBCONTRA  |   | I am a Primary Authorizer of my age<br>a Primary Authorizer and/or a Plan<br>user (if applicable) and indicate the   | Administrator. Please of<br>suser to be deleted in   |   |   | SERVICES FUNCTIONS  | 3<br>prove & Decline Retirement Pla                            | n Elections (RPE)      |
|  | FROM THIS FORM.<br>Once completed, please print, sign and fax, m   |   | First Name   | Middle<br>Initial Last   |   |   | ocount information, (dates &  | vesting status) including accou                                |                        |
|  | address and email address.   |   | Agency Name  |  |   | General Access Limite   | ed to general inquir(i)es and re                                    | equests (nonconfidential data)                                 | & ordering print       |
|  | Please note that missing signatures, incomple  |   | rigency realize  |  |   | and the second second   |   |  |                        |
|  | removal of access for the Plan Administrator, v<br>data available on our secure Plan Administrat   |   | Title  |  |   |   | cludes activities related to com<br>'s payroll is administered by a | tributions made to the plan.<br>state or local payroll adminis | trator, a TIAA profile |
|  | EDELIVERY TERMS AND CONDITIONS<br>By requesting we deliver any documents to yo   |   | Street Address   |  |   | If your agency's contribution file is remitted to TIAA directly by a Third-Party Provider, for example,<br>ADP, Ceridian or Paychex, please submit a form for those representatives checking only the functions |   |  |                        |
|  | and acknowledge you can electronically acces   |   |  |  |   | that apply.   |   |  |                        |
|  | Your request to receive documents electronical   |   | City   |  |   | Person requesting access  | for Plan Administration will a                                      | inswer questions or authorize t                                | the following:         |
|  | We will email you a notification when a docume<br>secure TIAA account to access it. In the case of   |   |  |  |   | Contribution remittan   | ce files and wires  |  |                        |
|  | secure IIAA account to access it. In the case of<br>Reports and Semi-Annual Reports, we will inclu   |   | Contact Telephone Number E   | tension  |   | Distribution requests   | from participants   |  |                        |
|  | Accessing public documents will not require y<br>we provide the option for you to save it to your  |   | Email Address  |  |   | Loan requests from p  |   |  |                        |
|  | documents in portable document format, ofte  |   |  |  |   | Plan compliance com   |   |  |                        |
|  | Adobe Reader software, which you can downlo  |   | 2. PLAN INFORMATION AND A  | 00500  |   | Receive prospectus o  | orrespondence   |  |                        |
|  | Your preference selections remain effective un   |   | Plan Number Name of En   | 6. mar 1 m |   |   |   |  |                        |
|  | incorrect or nonworking email address), or up  |   | provide the second seco | RK STATE DEF   |   |   |   |  |                        |
|  | to change your eDelivery preferences, or reque<br>Relationship Manager. If your plan is serviced   |   | Adency/Public Institution  |  |   |   |   |  |                        |
|  | representative at 888-984-0010 weekcays, 8   |   | Agency/ Tubic Instabuti  |  | TA PIE/PI NERMERS                                       |   |   |  | 6629028                |
|  | When accessing the Internet, you may incur or<br>TIAA, however, charges no fee for electronic de   |   |  |  | F11507 (8/16)   |   |   |  | 15.40                  |
|  |  | TA PIF/PLNFRMERS  |  | _  | H H   | MI 482  |   |  |                        |

## CONTRIBUTION FUNDING INSTRUCTIONS

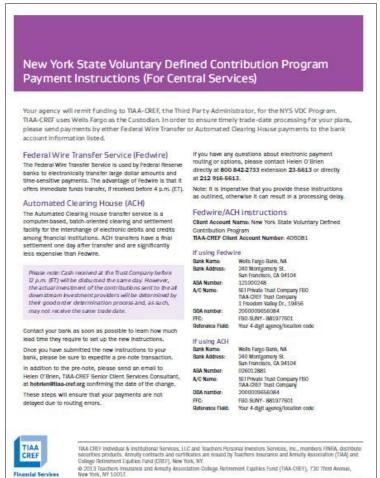
Funding of your remittances is managed with a single financial transaction to TIAA Trust Services. Funding will be transferred to each investment provider associated with a current remittance file. You may access this instruction on the NYS VDC Website, or <u>here</u>.



### CONTRIBUTION INSTRUCTIONS FOR CENTRAL PAYROLL SERVICES

If your payroll services are centralized (i.e., performed by the OSC or OLR), specific banking instructions are shown below. This can be accessed at www.tiaa.org/public/pdf/VDC\_Central\_Banking\_Instructions.pdf.

Graphics below are for illustrative purposes only.



2365/20\_229903

### PAYROLL FORM

Non-centralized agencies should provide TIAA with their payroll schedule. This form can be accessed on the VDC Program website or www.tiaa.org/public/pdf/Agency\_Payroll\_Form.pdf.

| Agency/Emp                                |              | er contact mito            | rmation             |                      |              |                         |                    |
|---|--------------|----------------------------|---------------------|----------------------|--------------|-------------------------|--------------------|
|   | oloyer na    | me:                        |                     |                      |              |                         |                    |
| Administrato                              | or name:     |                            |                     |                      |              |                         |                    |
| Administrate                              | or phone     |                            | Admir               | nistrator email:     |              |                         |                    |
| Location cod                              |              |                            | Please              | note: The Location   | Codes are    | communicated to the pla | n administrator at |
|   |              |                            | the tim             | e of setup.          | 1000000      |                         |                    |
| Payroll sch                               | edule d      | lates                      |                     |                      |              |                         |                    |
| Enter the Pa                              | yroll End    | d Date and the actua       | I Pay Date below    | for each Payrol      | II # line. 1 | o account for effect    | s holidays may     |
|   |              | ay schedule dates, p       |                     |                      |              |                         |                    |
| Pay Date for                              | each Pa      | ayroll # that may be a     | affected by a holi  | day. Otherwise       | leave the    | e holiday checkbox b    | olank.             |
| How many h                                | ucinace      | days prior to the Pa       | y Data will the fi  | ile he remitted      | 2            |                         |                    |
| 201200                                    |              | ted, clease enter de       |                     |                      |              |                         |                    |
|   |              |                            |                     | Securi Delow.        |              |                         |                    |
|   |              | ency: (Should always       |                     |                      |              | 5                       |                    |
| If "Other" wa                             | as selec     | ted, please enter de       | tail in the notes s | section below.       |              |                         |                    |
| Please pote: All                          | datas she    | uld be entered in dd/mm,   | hanai format        |                      |              |                         |                    |
| Fredaye mote. Au                          | Gaves and    | are be encored in day miny | yyyy sonnac         |                      |              |                         |                    |
| Payroll #                                 | Holiday      | Payroll end date           | Pay date            | Payroll #            | Holiday      | Payroll end date        | Pay date           |
| 1   | 1            |                            | 1                   | 15                   | 1            |                         |                    |
| 2   | 1            |                            |                     | 16                   | 1            |                         |                    |
| 3   | 1            |                            |                     | 17                   | 1            |                         |                    |
| 4   | 1            |                            |                     | 18                   | 1            |                         |                    |
| 5   | 1            |                            |                     | 19                   | 1            |                         |                    |
|   | $\checkmark$ |                            |                     | 20                   | 1            |                         |                    |
| 6   |              |                            |                     | 21                   | 1            |                         |                    |
| 7   | 1            |                            |                     |                      |              |                         |                    |
| 7 8                                       | 1            |                            |                     | 22                   | 1            |                         |                    |
| 7<br>8<br>9                               | × ×          |                            |                     | 23                   | 1            |                         |                    |
| 7<br>8<br>9<br>10                         |              |                            |                     | 23<br>24             | ×<br>×       |                         |                    |
| 7<br>8<br>9<br>10<br>11                   | × × × ×      |                            |                     | 23<br>24<br>25       |              |                         |                    |
| 7<br>8<br>9<br>10<br>11<br>12             | × × × ×      |                            |                     | 23<br>24<br>25<br>26 |              |                         |                    |
| 7<br>8<br>9<br>10<br>11<br>12<br>13       | × × × × ×    |                            |                     | 23<br>24<br>25       |              |                         |                    |
| 7<br>8<br>9<br>10<br>11<br>12             | * * * * * *  |                            |                     | 23<br>24<br>25<br>26 |              |                         |                    |
| 7<br>8<br>9<br>10<br>11<br>12<br>13<br>14 |              | clude any special r        | iotes below.        | 23<br>24<br>25<br>26 |              |                         |                    |

### RETIREMENT PLAN ELECTION – RETIREMENT HISTORY FORM

VDC enrollment is online, but for rare situations where it must be performed with paper, this form can be used to expedite enrollment. However, the employee will still need to return to the online system and input information before the first remittance. This retirement history can be accessed on the VDC Program website under Agency Implementation or

www.tiaa.org/public/pdf/Retirement\_Program\_Election\_Form.pdf.

|   |   |                                |                 |                                |                 |                         |  | d Contribution Program   |
|---|---|--------------------------------|-----------------|--------------------------------|-----------------|-------------------------|--|--|
|   | RE  | TIREMENT                       | PROGRA          | M ELECTION                     |                 |                         |  | RETIREMENT PROGRAM ELECTION  |
| kame:   |   |                                | Title           | 10 m l                         |                 |                         | 3. Do you currently ow                       | n a vested Employer-sponsored retirement contract with: TIAA, Fidelity, VALIC or VOYA? |
| cial Security Nurr  | ber:  |                                | New             | v York State Agency            | of Employment:  |                         | Wes (If yes, please checking)<br>No          | k provider(s) and complete section below)  |
| hone Number:  |   |                                |                 | e of Completion:               | Listed Above    |                         | Retirement Plan Provider<br>TIAA<br>FideIlty | Contract Number  |
|   | nine if you are eligible t<br>to complete the followi |                                | irk State Volur | ntary Defined Con              | tribution Progr | am (VDC Program),       |  |  |
|   | rorked for a public employe                           | r In New York?                 |                 |                                |                 |                         | Return your Retirement E                     | iection for m to your Agency Benefits Administration department.                       |
| No (If no, proceed  | to question 2.)                                       | Full- or                       | Dates of        | Name of                        | Registration or | Was This Your Immediate |  |  |
| me of Agency  | Title d Position                                      | Part-Time                      | Employment      | Retirement System <sup>1</sup> |                 | Prior Employer?         |  |  |
|   |   |                                |                 |                                |                 |                         |  |  |
|   |   |                                | -               | -                              |                 |                         |  |  |
| Z. Are vou presen   | ily receiving a retirement b                          | enefit from any p              | ublic Retiremen | t System of New Yor            | k State?        |                         |  |  |
|   | complete section below.)                              |                                |                 |                                |                 |                         | Administration Approv                        | at   |
| 10000   |   | Retirement/<br>Contract Number |                 | Date                           | of Retirement   | 22                      | ~  |  |
| rirement System   |   |                                |                 |                                |                 |                         | Date approved by Agen                        | cy Benefits Administration   |
| ne or<br>Irement System <sup>1</sup>                                |   |                                |                 |                                |                 |                         | Approved by                                  |  |
| me or<br>irrement System <sup>®</sup>                               |   |                                |                 |                                |                 |                         |  |  |
| rirement System <sup>1</sup>  | letirament Plan as NYS ERS, N                         | IVS TRS, SUNY OR               | P, NYC ERS, NYC | TRS or No Ratirement F         | Plan.           | <u></u>                 |  |  |
| lame of<br>letirement System <sup>1</sup><br>Please identify your R | letinement Plan as NYS ERS, N                         | IYS TRS, SUNY OR               | P, NYC ERS, NYC | TRS or No Retirement F         | Plan.           | Continued               |  |  |

### INVESTMENT PROVIDER ELECTION FORM

Employees can select one or a combination of investment providers online, but in rare situations this form can be used temporarily. However, employee will still need to return to the online system and input information before the first remittance. This investment provider election form can be found on the VDC Program website under Agency Implementation or at www.tiaa.org/public/pdf/Investment\_Provider\_Selection.pdf.

| - 10 11 -0.  | rk State_<br>Centribution Program   |   | RETIREMENT@WOR   |
|--|---|---|--|
| RETIREM  | ENT PLAN ID 406081 INVE   | STMENT PROVIDER   | R ELECTION FORM  |
| Employee Name:   |   | Telephone Number:                                       |  |
| Address:   |   | Date of Hire-   | 1  |
|  |   | Date of Birth:  |  |
| Workplace Agency:  |   | Social Security Number:                                 |  |
| the enrolment process,<br>You may choose one or<br>employee (your) contril<br>NOTE: If you are required to | ave decided to join the New York State<br>you need to designate the investment<br>any combination of investment provi-<br>butions.<br>o meet the 366 vesting requirement, contrib<br>pdate your investment provider election. | t provider for your employ<br>ders. Please make an elec | er and employee contributions.<br>tion for both the employer and                       |
| EMPLOYER   |   | EMPLOYEE  |  |
| How would you like to allo   | cate your employer contribution amount?   | How would you like to allo                              | cate your employee contribution amount   |
| Please choose one or more  | e investment provider. Also designate the<br>ch provider. Total allocation percentages  | Please choose one or more                               | e investment provider. Also designate the<br>ch provider. Total allocation percentages |
| Retirement Plan Provider   | Allocation Percentage   | Retirement Plan Provider                                | Allocation Percentage  |
| TIAA   |   | TIAA  |  |
| Fidelity   |   | Fidelity  |  |
| VALIC  | 1   | VALIC   | ·  |
| I VOYA   |   | VOYA  | y  |
|  | TOTAL 100%  |   | TOTAL 100  |
|  |   |   |  |
| mployee Signature  |   |   | Date   |
| Please sign, date and retur<br>Charlotte, NC 28201-1282.   | n this completed form either by fax to 800-9  | 914-8922 or mail to Retiremen                           | m@Work® at P.O. Box 1282,  |
| MPORTANT: If you do not<br>ime that your first contribu  | complete and return this form, your contribution is nemitted.   | utions will be allocated to the                         | Investment provider designated at the  |
|  |   |   | -  |
|  |   |   | (SUNY) The State Universit   |

## HOW TO SUBMIT ESCROWED CONTRIBUTIONS

Graphics below are for illustrative purposes only.

|  | TIAA<br>CREF                      |
|--|-----------------------------------|
|  | Financial Services                |
| How to Submit Escrowed Cont  | ributions                         |
| If an employee does not meet the criteria to be immediately vest   | ed in the New York State          |
| Voluntary Defined Contribution Program, the employer is require  |                                   |
| employee contributions in escrow until the employee meets the  |                                   |
| Agencies are required to record keep the escrow contributions or   | n a per pay period basis. Once an |
| employee meets the required vesting period, the escrowed empl  | oyer and employee contributions   |
| plus 4% simple interest (as required by Article 8B, Section 392 of   | the Education Law) must be        |
| added to your remittance file along with the first vested contribu   | ition.                            |
| Example:   |                                   |
| <ul> <li>Employee is hired on August 1, 2014 and must meet t</li> </ul>  | the 366 day vesting period        |
| <ul> <li>Employee becomes vested on August 1, 2015 after m</li> </ul>  | eeting the 366 day vesting period |
| <ul> <li>Employee can be added to the remittance file after A<br/>should not be remitted prior to this date</li> </ul>             | ugust 1, 2015; contributions      |
| The escrowed employer and employee contributions plus interes<br>4%) on those contributions plus the first vested contribution are |                                   |
| following the date that the employee meets their vesting require   |                                   |
| Example:   |                                   |
| The escrowed contributions and the first vested contribu   | tion plus interest should be      |
| added together and submitted on the respective remitta   | nce file                          |
| Escrowed Employer Contribution Total   | \$1300                            |
| Interest on Escrowed Employer Contribution @ 4%  | \$ 52                             |
| First Vested Employer Contribution   | \$ 50                             |
| Total Employer Contribution (Source F)   | \$1402*                           |
| *This is the amount that you will report on your remittan  | ce file for Source F              |
| Escrowed Employee Contribution Total   | \$ 800                            |
| Interest on Escrowed Employee Contribution @ 4%  | \$ 32                             |
| First Vested Employee Contribution   | \$ 30                             |
| Total Employee Contribution (Source I)   | \$ 862*                           |

<sup>1</sup> The vesting period may be waived for employees coming to public employment within New York State with active, employer-sponsored retirement annuity contracts from any of the currently Authorized Investment Providers.

### LOOK BACK NOTICE

|   |   | TIER VI Bulletin<br>Two-Year Look Back  |
|---|---|---|
| Purpose:<br>To provide instructions on how to update a Tier VI empl<br>Background:<br>On March 10, 2012, the Governor signed legislation or<br>after March 31, 2012. Effective with the first checks in A<br>on the employee's annual wage. Once a Tier VI memb<br>based on total pensionable earnings from two years | eating Tier VI. This tier applies to employees joir<br>pril 2013, legislation required the employee cor<br>r has reached three years of membership, his o | SUNY RETIREMENT @work*  |
| Employee Contribution Rate:<br>Changes impacting TIER VI PLAN participants in the S<br>Voluntary Defined Contribution Program (NYS VDC Pro  |   |   |
| Wages<br>\$45,000 or less   | Contribution Rate   |   |
| \$45,000 or less<br>Wages between \$45,000.01 to \$55,000   | 3%  |   |
| Wages between \$55,000.01 to \$75,000   | 4.5%  | Tier VI: SUNY ORP Program Entrant, employee plan entry date April 1, 2012:  |
| Wages between \$75,000.01 to \$100,000  | 5.75%   | <ul> <li>April 1, 2012 through April 1, 2013: Contributions calculated using employee current annualized calendar year salary and base<br/>on Tier IV rates</li> </ul>  |
| Wages of \$100,000.01 or more   | 6%  | on Lier IV rates.  Effective April 1, 2013: Contributions calculated using the annualized calendar year salary on the plan entry date and the   |
| Note: For part-time employees, contributions are calcu<br>actual part-time salary.  | lated based on the full-time equivalent salary ra   | table above.      Effective January 1, 2015: Contributions will be calculated using the annualized calendar year salary as of January 1, 2015, ar<br>the table above.   |
| Employer Contribution Rate & Look Back:   |   |   |
| <ul> <li>The current employer contribution rate is 8% of gros</li> <li>For the SUNY ORP participants ONLY: The employ membership service, and 10% thereafter.</li> </ul>  |   | Tier VI: NY\$ VDC Plan Entrant, employee plan entry date July 1, 2013:<br>• July 1, 2013 fhrough July 1, 2015: Contributions calculated using the annualized calendar year salary on the plan entry date and<br>the table above |
| <ul> <li>Under the legislation, the annualized calendar year<br/>salary looking back two years.</li> </ul>  | 51 2005 C   | <ul> <li>Effective July 1, 2015: Contributions will be calculated using the total pensionable earnings as of July 1, 2015, and the table above</li> </ul>   |
| Once a Tier VI member has reached three years of r<br>earnings from two years prior.  |   | ESCROW ACCOUNT MANAGEMENT<br>Under the State University of New York Retirement Plan   |
| For the SUNY ORP, the effective date of the look back<br>IMPORTANT: While participants in the NYS VDC Prog  |   | During the first 386 days, employer and employee contributions should be held in escrow until the participant is vested (366 calend<br>days of service).  |
| is January 1, 2016.<br>This date follows two consecutive years from the date of   | S 12 N 457 S  | <ul> <li>Plan Administrators or their payroll provider will need to calculate the interest earned while contribution monies are held in the<br/>escrow account using a simple per annum formula as shown below.</li> </ul>      |
| any public employer within NYS, including NYC, public<br>* Total earnings should include pensionable earnings fro   | authorities and local municipalities.   | <ul> <li>The recordkeeping of the employer and employee contributions is maintained by the agency and it is necessary to comply with<br/>plan reporting. This includes amounts reportable on the employee's W-2.</li> </ul>     |
|   | Plan services   | Example: Employee contributions   |
|   | provided by   | Total amount of employee contributions in a 388-day period     X     Interest rate set by Law*     =     Annum = 1       Example: \$1,500     X     4%     =     \$60   |
|   |   | Example: Employer contributions   |
|   |   |   |
|   |   | Total amount of employer contributions in a 366-day period X Interest rate set by Law* = Annum = 1 Example: \$4,000 X 4% = \$160  |
|   |   |   |
|   |   | * Note: The Interest rate used in the calculation above is set by New York State law, Article 88 of the NY Education Law 392(4) which states 4% simple. Subject to change.  |



Please note, additional important implications may flow from an employee's enrollment decision that warrant further consideration. These may include eligibility for retiree health benefits. We urge employees to consult with their Human Resources/Benefits Office to help them make an informed decision.

This material is for informational or educational purposes only and does not constitute fiduciary investment advice under ERISA, a securities recommendation under all securities laws, or an insurance product recommendation under state insurance laws or regulations. This material does not take into account any specific objectives or circumstances of any particular investor, or suggest any specific course of action. Investment decisions should be made based on the investor's own objectives and circumstances.

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