



RETIREMENT PROGRAM ELECTION

Name: _____

Title: _____

Address: _____

Email: _____

New York State Agency of Employment: _____

Social Security Number: _____

Phone Number: _____

Date of Completion: _____

Date of Hire for Agency Listed Above: _____

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

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

Yes *(If yes, please complete section below.)*

No *(If no, proceed to question 2.)*

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

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

Yes *(If yes, please complete section below.)*

No *(If no, proceed to question 3.)*

Name of Retirement System ¹	Retirement/ Contract Number	Date of Retirement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Continued



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

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

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

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

Administration Approval

Date approved by Agency Benefits Administration

Approved by