

- EMPLOYER:** State of Nevada
 NV System of Higher Education (NSHE)
 Political Subdivision (City, County, Non-State)
 All Part-time Employees (FICA)

<input type="checkbox"/> NAME CHANGE	Effective Date_____
Participant Name _____	
New Name_____	
Employee ID_____	Last 4 digits of SSN_____
<input type="checkbox"/>	Copy of marriage certificate attached or
<input type="checkbox"/>	Copy of Nevada drivers license attached
Daytime Telephone _____	Ext_____

<input type="checkbox"/> CHANGE OF ADDRESS	Effective Date_____		
Participant Name _____			
Old Address_____			
City_____	State_____	Zip_____	
New Address_____			
City_____	State_____	Zip_____	
New Telephone_____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile

Please Return Completed Form to NDC
FAX (775) 684-3399 or email deferredcomp@defcomp.nv.gov



1.866.464.6832