



# Payroll Contribution Form

Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Agency \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Change Paycheck Deduction**  
Increase, Decrease, Stop, Restart

**New Paycheck Deduction**  
Complete an EZ Enrollment form OR Enroll  
Online with Voya at [nevada.beready2retire.com](http://nevada.beready2retire.com)  
Initial here if you enrolled online \_\_\_\_\_

**EMPLOYER:**      **State of Nevada**      **Political Subdivision (City, County, Non-State)**

## **PAYCHECK DEDUCTION AMOUNT:**

I authorize my Employer to deduct the following amount(s) *per pay period* from my salary to NDC.

**Minimum \$35.00 per pay period or \$70.00 per month**

**Pre-Tax (Regular)**

**Post-Tax (Roth)**

**If you wish to cancel/suspend current payroll deduction, please put a 0 (zero) on the deduction line(s). This form will supersede any previous forms on file.**

## **OPTIONAL CATCH-UP PROVISION:**

If you qualify for more than one provision, IRS rules permit you to use the catch-up to contribute the greater amount.

**Age 50+/60-63 Catch-Up:** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

You must reach age 50 by the end of the calendar year to use the standard catch-up provision. OR  
You must be ages 60-63 by the end of the calendar year to use the super-catch-up provision.

### ***Special 457(b) Catch-Up Election***

You must include a copy of the investment provider calculation sheet submitted to the recordkeeper to ensure eligibility. Contact the NDC office to request the worksheet.

## **EFFECTIVE DATE:**

This agreement will be effective the first administratively possible payroll period following the date this form is received and processed by the payroll department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send the completed form to NDC**  
**Email: [deferredcomp@defcomp.nv.gov](mailto:deferredcomp@defcomp.nv.gov)**

**NDC Plan Information Line: (855) GO-RET-NV (467-3868)**