



Payroll Contribution Form

Name _____ Employee ID# _____

Agency _____ Daytime Phone _____

Change Paycheck Deduction
Increase, Decrease, Discontinue

New Paycheck Deduction **STOP HERE!!******
****You must complete an EZ Enrollment form OR
Enroll Online with Voya Financial® to set up an account.
Please initial here if you enrolled online _____**

EMPLOYER: State of Nevada NV System of Higher Education (NSHE) 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 \$12.50 per pay period or \$25 per month)



Pre-Tax (Regular)

Post-Tax (Roth)

\$ _____ \$ _____

If you wish to cancel/suspend current payroll deduction, please indicate \$0. This form will supersede any previous form(s) on file.

CHECK BOX IF APPLICABLE*:

Age 50+ Catch-Up: Date of Birth ____/____/____
You must reach age 50 by the end of the calendar year you are electing to use this 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.

*Please note that you cannot use both the Age 50+ and the Special Catch-up provision at the same time. You need to choose the option most beneficial to you.

EFFECTIVE DATE:

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

Signature _____ Date _____

Please send the completed form to NDC
Fax: 775.684.3399
Email: deferredcomp@defcomp.nv.gov

Voya Financial® 1.866.464.6832