



# 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  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 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](mailto:deferredcomp@defcomp.nv.gov)**

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