



The VDC Program is the New York State Voluntary Defined Contribution Program

# Voluntary Defined Contribution (VDC)

## Change Form for Employees of the City of New York & Public Employers

PLEASE INDICATE THE TYPE OF CHANGE (CHECK ALL THAT APPLY):

- AGENCY/PAYROLL - COMPLETE SECTIONS A & E
- ADDRESS - COMPLETE SECTIONS A & E
- NAME CHANGE (ATTACH DOCUMENTATION) - COMPLETE SECTIONS A, B & E
- EMPLOYMENT STATUS CHANGE - COMPLETE SECTIONS A, C & E
- TITLE CHANGE TO UNION REPRESENTED TITLE - COMPLETE SECTIONS A, D & E

### SECTION A EMPLOYEE INFORMATION

|   |                    |  |                               |
|---|--------------------|--|-------------------------------|
| SOCIAL SECURITY NUMBER<br>- -           | EMPLOYEE ID NUMBER | DATE OF BIRTH<br>/ /                     | DAYTIME PHONE NUMBER<br>( ) - |
| LAST NAME USED WHEN ENROLLED IN THE VDC |                    | FIRST NAME USED WHEN ENROLLED IN THE VDC |                               |
| HOME ADDRESS - NUMBER AND STREET        |                    |  | APT. NO.                      |
| CITY                                    |                    |  | STATE ZIP CODE                |
| NEW AGENCY NAME (NOT DIVISION)          |                    |  |                               |
| WORK/HOME EMAIL ADDRESS                 |                    |  |                               |

### SECTION B NAME CHANGE

Attach documentation to this form - Acceptable documentation includes: name change order, marriage certificate, divorce decree, driver's license or passport.

|               |            |      |
|---------------|------------|------|
| NEW LAST NAME | FIRST NAME | M.I. |
|---------------|------------|------|

### SECTION C EMPLOYMENT STATUS CHANGE (PLEASE CHECK ONE)

- Full-time to Part-time Status
- Part-time to Full-time Status
- Start date for Leave Without Pay: \_\_\_\_\_
- Return date from Leave Without Pay: \_\_\_\_\_

### SECTION D TITLE CHANGE TO UNION-REPRESENTED TITLE (NO LONGER ELIGIBLE FOR VDC PROGRAM)

|                        |               |                          |
|------------------------|---------------|--------------------------|
| REPRESENTED TITLE NAME | NAME OF UNION | EFFECTIVE DATE OF CHANGE |
|------------------------|---------------|--------------------------|

### SECTION E EMPLOYEE SIGNATURE

By signing this form, I wish to effect the changes noted above in the VDC Program. I affirm that the information is true and accurate.

|           |             |
|-----------|-------------|
| SIGNATURE | DATE<br>/ / |
|-----------|-------------|

Please submit the certified application electronically to:  
<https://nyc-vdc.leapfile.net>

**VDC Program Contact Information:**  
nyc.gov/vdc  
vdcmail@nyceplans.org

### VDC CERTIFICATION (DO NOT WRITE IN THIS SECTION)

|                           |                               |
|---------------------------|-------------------------------|
| DATE OF COMPLETION<br>/ / | VDC REPRESENTATIVE SIGNATURE: |
|---------------------------|-------------------------------|