



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

Voluntary Defined Contribution (VDC) Declination Form for Employees of the City of New York & Public Employers

SECTION A EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER - -		EMPLOYEE ID NUMBER	DATE OF BIRTH / /	DAYTIME PHONE NUMBER () -
LAST NAME			FIRST NAME	M.I.
HOME ADDRESS - NUMBER AND STREET				APT. NO.
CITY			STATE	ZIP CODE
AGENCY NAME (NOT DIVISION)				
WORK/HOME EMAIL ADDRESS (REQUIRED)				

SECTION B EMPLOYEE SIGNATURE

By signing this form, I do hereby acknowledge that the City of New York/Participating Employer is offering the New York State Voluntary Defined Contribution (VDC) program, which is an optional retirement program.

I affirm and acknowledge the following:

I. I have been given enrollment information regarding the VDC Program and have been provided the opportunity to enroll in the VDC Program by the City of New York or a Participating Employer within thirty (30) days of my hire date and/or during this VDC Special Enrollment Period.

And

II. I am choosing NOT to enroll in the VDC Program. I understand that, by declining to enroll in the VDC Program within thirty (30) days of my hire date, I will NOT be eligible to join the VDC Program during my employment with the City.

SIGNATURE	DATE / /
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SECTION C AGENCY CERTIFICATION (TO BE COMPLETED BY AUTHORIZED AGENCY PERSONNEL) - PLEASE PRINT

I affirm that I have notified the employee named above that they can choose the VDC Program or one of the City's defined benefit programs, but not both. The employee is declining to participate in the VDC Program.

SIGNATURE	DATE
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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 / /	VDC REPRESENTATIVE SIGNATURE:	VESTED PERIOD: <input type="checkbox"/> DEFERRED <input type="checkbox"/> IMMEDIATE
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