

New York State Deferred Compensation Plan

Loss of Income Verification

Page 1 of 1

Helpline: 800-422-8463 • nysdcp.com

Participant Information

This form is to be completed by your employer and returned to the Administrative Services Agency as soon as possible to aid in your request.

Please note: This form relates directly to your own loss of income only (If your spouse has had a loss of income with their employer we require the following information on the spouse's employer letterhead and not this form).

| Name (please print): | |
|--|--|
| REQUIRED Account Number OR | _ast 4 of SSN: |
| Date Employed: | Participant's Hourly Rate/Salary: |
| Unpaid Dates of Work Missed Du please list and explain in the Add | e to Involuntary reasons: (If the dates missed are not consecutive or were partially paid, itional Comments section) |
| From: | To: |
| Is the participant eligible for or ha | ve they received worker's compensation? 🗌 Yes 🗎 No |
| If Yes, how much are they eligible | for or how much have they received? |
| Is the participant eligible for or ha | ve they received disability benefits? 🗌 Yes 🔲 No |
| If Yes, how much are they eligible | for or how much have they received? |
| Has the employee used up all avail | able sick time, vacation time, or any other type of accruals available to them? \Box Yes \Box No |
| If No, how much sick time, vacation | on time, or other accruals do they have available for use? |
| Reasons why the dates missed w | ere unforeseeable and beyond the participant's control: |
| | |
| | |
| Employer Information and | Authorization |
| Please complete this form in its | ntirety. Questions left unanswered may result in further delay. |
| Name (please print): | |
| Title: | Primary Phone: |
| Signature: | Date: |
| | |

Form Return

Mail: New York State Deferred Compensation Plan Administrative Service Agency PO Box 182797

Columbus, OH 43218-2797

Fax: 1-877-677-4329

When faxing paperwork, please allow two hours for your form to be received. If your fax is sent after 3:00pm your paperwork will be filed on the next business day.

Overnight Mail: New York State Deferred Compensation Plan

Columbus, Ohio 43215-2239

1 Nationwide Plaza

Administrative Service Agency, 1-LC-F2