

## LOSS OF INCOME VERIFICATION

### 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.

Name (Please Print) \_\_\_\_\_

Last 4 of SSN/Account Number \_\_\_\_\_

Date Employed \_\_\_\_\_

Participant's Hourly Rate/Salary \_\_\_\_\_

**Dates of Work Missed (If the dates missed are not consecutive, please list them below in the Additional Comments section):**

From: \_\_\_\_\_ To: \_\_\_\_\_

**Unpaid Dates of Work Missed Due to Involuntary reasons: (If the dates missed are not consecutive or were partially paid, please list and explain in the Additional Comments section):**

From: \_\_\_\_\_ To: \_\_\_\_\_

Is the participant eligible for or have 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 have 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 available sick time, vacation time, or any other type of accruals available to them?  Yes  No  
If No, how much sick time, vacation time, or other accruals do they have available for use? \_\_\_\_\_

Reasons why the dates missed were unforeseeable and beyond the participant's control:

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYER INFORMATION AND AUTHORIZATION

Please complete this form in its entirety. Questions left unanswered may result in further delay.

Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return to:** New York State Deferred Compensation Plan  
Administrative Services Agency  
P.O. Box 182797  
Columbus, OH 43218-2797  
**OR** Fax to: 1-877-677-4329

**Overnight Address:** New York State Deferred Compensation Plan  
Administrative Service Agency, DSPF-F2  
3400 Southpark Place, Suite A  
Grove City, OH 43123-4856



*When faxing paperwork, please allow two hours from receipt for it to be processed. If your fax is sent after 3 p.m. your paperwork will be processed on the next business day.*

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