State of New York
OFFICE OF THE STATE COMPTROLLER

ORP/VDC ACTION REQUEST

TO: NEW YORK STATE OFFICE OF THE STATE COMPTROLLER,
PAYROLL DEDUCTIONS & TAX COMPLIANCE SECTION

FROM: AGENCY NAME_____

AGENCY CODE_____

EMPLOYEE'S NAME (last, first, middle initial, suffix)

NYS EMPL ID	LAST 4 DIGITS OF SSN	HIRE DATE	EMPLOYEE SIGNATURE DATE

CHECK APPROPRIATE BOX FOR ENROLLMENT:

☐ A new employee does not own an ORP/VDC contract – begin suspense period.
☐ A new employee already owns an ORP/VDC contract – begin contributions.
☐ A State employee who is an ERS/TRS member and has been moved to an eligible position.

1. PRIOR ORP/VDC RETIREMENT PLAN PROVIDER:

☐ TIAA ☐ FIDELITY ☐ VALIC ☐ VOYA ☐ ERS ☐ TRS

a. PRIOR ELECTION DATE:_____

b. CONTRACT NUMBER/REGISTRATION NUMBER, IF ANY: _____

2. PREVIOUS SERVICE IF ANY – LIST EMPLOYER'S NAME(S) AND INCLUSIVE DATES:

PREVIOUS EMPLOYER	EMPLOYMENT BEGIN DATE	EMPLOYMENT END DATE

3. SUNY AFFILLIATED COMMUNITY COLLEGE? ☐ YES ☐ NO

CUNY AFFILLIATED COMMUNITY COLLEGE? ☐ YES ☐ NO

a. BREAK IN SERVICE? ☐ YES ☐ NO

TERMINATION DATE	REHIRE DATE

AGENCY APPROVAL:

A PORTION OF THE EMPLOYEES SUSPENSE PERIOD IS BEING WAIVED ☐ YES ☐ NO

☐ I HAVE VERIFIED ALL PRIOR SERVICE WITH APPROPRIATE RETIREMENT PLAN PROVIDER(S).

APPROVED ELECTION DATE: _____

_____ _____

AGENCY AUTHORIZED SIGNATUE DATE