State of New York
Office of the State Comptroller - PAYROLL DEDUCTIONS & TAX COMPLIANCE SECTION

APPLICATION FOR REFUND OF EMPLOYEE ORP/VDC CONTRIBUTIONS

Contributions made by an employee for ORP/VDC membership during the waiting period will be refunded, with interest, by the Office of the State Comptroller if, for any reason, the employee does not complete the waiting period and become a participating member of the ORP / VDC.

Refunds are requested by completion of this application by the employee, which must be notarized, and the agency. This form cannot be completed and signed/notarized until after the employee has separated from service. A refund will be made only after the employee has been off the payroll for two full payroll periods.

An employee who returns to State service, and who elects to claim credit for this period of service for ORP/VDC membership, will be required to repay his/her contributions if they have been refunded.

Forward the original copy of this form to the Office of the State Comptroller and keep a copy for your records.

TO BE COMPLETED BY EMPLOYEE:

PRINT OR TYPE

Name_____

NYS Empl ID_____

Address to which check is to be sent:

_____

_____

_____

Zip _____

Date _____ Signature_____

THIS ACKNOWLEDGEMENT MUST BE COMPLETED BY A NOTARY PUBLIC:

State of _____ County of _____ss:

On this_____ day of _____, 20_____, before me personally appeared

_____ to be known and known to me to be the same person described in and who executed the foregoing instrument, and __he duly acknowledged to me that __ he executed the same.

_____
Notary Public, State of _____
(Please Affix Stamp)

TO BE COMPLETED BY AGENCY:

Agency _____ Agency Code _____

I certify that this employee's service with this agency has terminated effective _____

_____ _____ _____
Authorized Signature Title Date

NOTE: PLEASE INDICATE IF ANY SALARY PAYMENT IS DUE EMPLOYEE AFTER SEPARATION AND WHEN IT WILL BE PAID.

BALANCE OF CONTRACT ☐ LUMP SUM PAYMENT ☐ OTHER ☐ NO ADDITIONAL PAYMENT ☐

FOR OSC USE:

Contributions_____

Interest

Total _____

Approved for Payment_____

Voucher Number _____

Date