

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. **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)

Account Number (Preferred)
OR Last 4 of SSN

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 filed. If your fax is sent after 3 p.m. your paperwork will be processed on the next business day.

NRN-1568NY-NY.2 0321