



Payroll Contribution Form

Name _____ Employee ID# _____

Agency _____ Daytime Phone _____

☐ **Change Paycheck Deduction**
Increase, Decrease, Stop, Restart

☐ **New Paycheck Deduction**
Complete an EZ Enrollment form OR Enroll
Online with Voya at nevada.beready2retire.com
Initial here if you enrolled online _____

EMPLOYER: **State of Nevada** **Political Subdivision (City, County, Non-State)**

PAYCHECK DEDUCTION AMOUNT:

I authorize my Employer to deduct the following amount(s) *per pay period* from my salary to NDC.

Minimum \$35.00 per pay period or \$70.00 per month

Pre-Tax (Regular)

Post-Tax (Roth)

If you wish to cancel/suspend current payroll deduction, please put a 0 (zero) on the deduction line(s). This form will supersede any previous forms on file.

OPTIONAL CATCH-UP PROVISION:

If you qualify for more than one provision, IRS rules permit you to use the catch-up to contribute the greater amount.

Age 50+/60-63 Catch-Up: Date of Birth ____/____/____

You must reach age 50 by the end of the calendar year to use the standard catch-up provision. OR

You must be ages 60-63 by the end of the calendar year to use the super-catch-up provision.

Special 457(b) Catch-Up Election

You must include a copy of the investment provider calculation sheet submitted to the recordkeeper to ensure eligibility. Contact the NDC office to request the worksheet.

EFFECTIVE DATE:

This agreement will be effective the first administratively possible payroll period following the date this form is received and processed by the payroll department.

Signature _____ Date _____

Please send the completed form to
TMFPD Human Resources
Fax 775-328-3646
Email: TMFPDHR@tmfpd.us

NDC Plan Information Line: (855) GO-RET-NV (467-3868)