



POSITION STATUS CHANGE CHECKLIST: PART-TIME ->FULL-TIME EMPLOYEE

Congratulations on your change in status with the Town of West Seneca! Your appointment is pending Town Board approval and meeting required contingencies with the Town of West Seneca.

As part of your transition from part-time to full-time status, we will need you to complete ALL REQUIRED DOCUMENTS in the change status packet.

Below is a list of the documents included in the change status packet. **ALL ARE REQUIRED** unless otherwise noted as optional. Please review your packet before submitting to Human Resources. Use the Document List below to check for completed form. Also, return the paperwork in the order of the Document List below.

DOCUMENT NAME	CHECK WHEN COMPLETED
ECO CHANGE FORM	_____
ERS APPLICATION	_____
BCBS ENROLLMENT FORM (HEALTH)**	_____
CSEAEBF ENROLLMENT FORM (DENTAL & VISION)	_____
NYSDCP ENROLLMENT FORM (OPTIONAL)	_____

**** If you will not be enrolling in health care coverage, please complete and sign the Waiver of Benefits included in the change status packet.**

For your records:

BENEFIT EXPLANATION – WC & BC

POS201 PLAN INFORMATION

NYSDCP INFORMATION

Upon completion of all required documents, your change status packet will be submitted to the Finance Department for set up in the payroll system. Please be aware that incomplete paperwork may delay your effective date.

If you have any questions, please feel free to reach out to me via email at lscibetta@ebchcm.com or phone at (716) 689-0512. I look forward to working together to support the Town of West Seneca.

Lisa Scibetta

HR Advisor to the Town of West Seneca

Employee Change Form Information

For Supplementary Payroll Certification Report of Personnel Change to Erie County

Effective Date:

Employee Data			
Social Security Number:		Retirement Number:	
Name (Last, First):		Veteran Exemption (Y/N):	
Street Address:		Dates of Service:	From: / / To: / /
City/Town:		Volunteer Firemen: (Y/N)	
Zip Code:		Dates of Service:	From: / / To: / /

Title – Classification – Salary Information			
Are you currently employed by the Town of West Seneca? (Y/N)			
If “yes”, complete below. If “no”, leave blank:		Must be completed:	
Current Title:		New Title:	
Current Salary:		New Salary:	
Type (Check One):	Meeting	Type (Check One):	Meeting
	Daily		Daily
	Hourly		Hourly
	Weekly		Weekly
	BiWeekly		BiWeekly
	Quarterly		Quarterly
	Annually		Annually
Classification: (Check One)	Competitive	Classification: (Check One)	Competitive
	Non-Competitive		Non-Competitive
	Labor		Labor
	Exempt		Exempt
	Unclassified		Unclassified

Employee Type – For Temporary Appointment, WRITE IN END DATE			
Full Time Permanent		Part Time Temporary Seasonal	/ /
Full Time Provisional		Regular Part Time Permanent	
Full Time Temporary	/ /	Regular Part Time Temporary	/ /
Part Time Regular Permanent		Full Time Contingent Permanent	
Part Time Temporary	/ /	Part Time Provisional	
Part Time Permanent		Regular Part Time Provisional	



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

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Received Date

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Employees' Retirement System Membership Registration

RS 5420

(Rev. 10/18)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

Social Security Number *

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Registration Number

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Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

Employee's Last Name:		First Name:		Middle Initial:
Employee's Address:	Apt	City	State	Zip Code
Former Name: (if applicable)		Date of Birth (mm/dd/yyyy)		Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate name of system: _____				
Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate name of system: _____				
(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')				

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name:						Employer's Telephone:					
Employer's Address:						Employer's Fax Number:					
Job Code [1]				Employee Classification				<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time	
				<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem				<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time	
Hire Date [3a]			Date of Full-Time Permanent Appointment [3b]			Location Code			Standard Workday [4]		
Month	Day	Year	Month	Day	Year						
						For a substitute, seasonal, on call or per diem employee, please check if he/she is working on the day the application is being submitted. <input type="checkbox"/> Yes					

Frequency of Payment
☐ Weekly ☐ Bi-Weekly ☐ Semi - Monthly ☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually ☐ Other- Please Specify _____
Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: _____ Date: _____

Employee's Telephone Number:

Employee's Email Address:

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- **If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.**
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions - Field Explanation and information:

[1] Job Code— As the employer, you will need to reference our job code list to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at https://www.osc.state.ny.us/retire/employers/employer_reporting_basics/emp-membership-basics/independent_vs_employee.php

[2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.

[3a] Hire Date is the first time the employee was hired for the job criteria entered.

[3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage

[4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.

[5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees 12 month Employee: \$ _____ X _____ X 260 = \$ _____ Hourly Rate Standard Workday Days Worked Annual Wage 10 month Employee: \$ _____ X _____ X 180 = \$ _____ Hourly Rate Standard Workday Days Worked Annual Wage	Daily Employees 12 month Employee: \$ _____ X 260 = \$ _____ Daily Rate Days Worked Annual Wage 10 month Employee: \$ _____ X 180 = \$ _____ Daily Rate Days Worked Annual Wage
Unit of Work Employees \$ _____ X _____ = _____ Unit Rate # of Events** Annual Wage **Estimated or Actual	Unit of Work Employee Example: Paid \$50 per Meeting \$ 50 X 12 Meetings = \$ 600 Unit Rate # of Events*** Annual Wage ***An estimate of the number of events is acceptable

Note: Any questions regarding annualized wage, please contact the Retirement System.

*Social Security Disclosure Requirement

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.



TOWN OF
WEST SENECA
"PROUD PAST - UNLIMITED FUTURE"

ACKNOWLEDGEMENT OF HEALTH CARE BENEFITS ELIGIBILITY

I, _____, as an employee of the Town of

(Print Employee Name)

West Seneca, was offered the option of enrolling in health care benefits, and have waived enrollment at this time. I understand that future eligibility will be determined by an annual enrollment period and/or a qualifying event as defined under the plan documents.

Employee Signature

Date

Town Representative

Date



FINANCE DEPARTMENT

TOWN OF WEST SENECA

TOWN SUPERVISOR
GARY A. DICKSON

TOWN COUNCIL
WILLIAM BAUER
JOSEPH J. CANTAFIO
WILLIAM P. HANLEY JR.
JEFF PIEKAREC

Congratulations on your appointment with the Town of West Seneca!

As a full-time employee of the Town of West Seneca, you are eligible to receive the following health, dental and vision benefits. If you wish to enroll in any of the following benefits, complete the attached associated applications and remit them to the Finance Department as soon as possible.

Health Insurance Benefits

The Town of West Seneca currently utilizes Blue Cross Blue Shield of Western New York through the Labor Management Health Fund (LMHF) for its health insurance benefits and Pharmacy Benefits Dimensions for prescription coverage. The following is the pricing for the health benefits you are eligible for. A summary of the associated plans and enrollment application is attached for your convenience.

Plan	BCBS POS201			
	Single		Family	
Monthly Premium Cost	\$	832.62	\$	2,341.58
Biweekly Contribution (20%)	\$	76.86	\$	216.15

Dental/Vision Insurance Benefits

The Town of West Seneca currently utilizes CSEA Employee Benefit Fund for its dental and vision insurance benefits. You are eligible for dental and vision benefits at no cost to you. A summary of the associated plans and enrollment application is attached for your convenience.

For questions regarding health, dental and vision benefits, please contact Alissa Straus, Director of Finance at 716-558-3208 or astraus@twsnny.org.



PO Box 80, Buffalo, NY 14240-0080

Enrollment Application/Change Form — LARGE

1—Group Employer Information. This section should be completed by the Group Benefits Administrator. This application cannot be processed without this information and a signature. Please use blue or black ink, print one character per box.

Subscriber Status: ☐ Active ☐ Retired ☐ COBRA

Please indicate reason for COBRA:

Group #

Subgroup #

Class #

☐ Left Employment / Retirement

☐ Death of Spouse

☐ Divorce/Legal Separation

☐ Dependent Reached Max Age

☐ Loss of Student Status

☐ Other

Employer Name

Effective Date (MMDDYY)

COBRA Effective Date (MMDDYY)

Association/Chamber Name (if applicable)

Hire/Rehire Date (MMDDYY)

Retired Effective Date (MMDDYY)

Group Administrator Signature / Date

2—Subscriber Plan Section Please use blue or black ink, print one character per box. Check applicable plan(s).

Plan Number:

Please indicate copay:

PCP \$

Specialist \$

Single or Family:

☐ POS ☐ POS Plus ☐ Dental ☐ HMO ☐ HMO Plus

Please choose coverage type

☐ Medical

☐ S ☐ F

☐ PPO ☐ Traditional ☐ Vision ☐ EPO ☐ Aqua ☐ Other

☐ Dental

☐ S ☐ F

☐ Vision

☐ S ☐ F

3—Reason for Enrollment/Change - Subscriber, please indicate the reason for this enrollment or change.

☐ New Hire

☐ COBRA

☐ Primary Care Physician

☐ Remove Dependent

☐ Loss of Coverage

☐ Open Enrollment

☐ Address/Phone Number

☐ Last Name

☐ Retirement

☐ Add Dependent Please indicate reason for adding dependent:

☐ Newborn

☐ Marriage

☐ Loss of Coverage

4—Subscriber Information

☐ Adoption

☐ Domestic Partner

☐ Change in Student Status

Please complete both sides of this application. The subscriber signature is required in order to process the application.

Subscriber's Last Name

Subscriber's First Name

M.I.

Social Security Number

Date of Birth (MMDDYY)

Telephone Number (include area code)

Gender: ☐ Female

Mailing Address

☐ Apt

☐ Suite

Marital Status

☐ Single

City

State

Zip Code

☐ Married

☐ Divorced

E-mail Address

☐ Legally Separated

☐ Widowed

Marital Status Event Date (MMDDYY)

☐ Medicare Eligible Please indicate reason for Medicare eligibility: ☐ Age 65+ ☐ Disability ☐ End Stage Renal Disease

Medicare Number (if applicable)

Part A Effective Date (MMDDYY)

Part B Effective Date (MMDDYY)

Part D Effective Date (MMDDYY)

4—Subscriber Information continued

Primary Care Physician's Last Name

Primary Care Physician's First Name

Primary Care Physician Number: Are you a current patient, or if not a current patient, have you verified that the PCP will accept you as a new patient? ☐ Yes ☐ No

Do you have additional group health insurance? ☐ Yes ☐ No

Name of Prior Health Care Insurer

Policy Identification Number

Policy Effective Date (MMDDYY)

Policy Cancellation Date (MMDDYY)

5—Dependent Information Please provide all information for each person to be covered.

Spouse/Domestic Partner's Last Name

Spouse/Domestic Partner's First Name

M.I.

Social Security Number

Date of Birth (MMDDYY)

Gender: ☐ Female ☐ Male

Are you enrolling as a Domestic Partner? ☐ Yes ☐ No

E-mail Address

☐ Medicare Eligible Please indicate reason for Medicare eligibility: ☐ Age 65+ ☐ Disability ☐ End Stage Renal Disease

Medicare Number (if applicable)

Part A Effective Date (MMDDYY)

Part B Effective Date (MMDDYY)

Part D Effective Date (MMDDYY)

Primary Care Physician's Last Name

Primary Care Physician's First Name

Primary Care Physician Number: Are you a current patient, or if not a current patient, have you verified that the PCP will accept you as a new patient? ☐ Yes ☐ No

Do you have additional group health insurance? ☐ Yes ☐ No

Name of Prior Health Care Insurer

Policy Identification Number

Policy Effective Date (MMDDYY)

Policy Cancellation Date (MMDDYY)

Dependent's Last Name

Dependent's First Name

M.I.

Social Security Number

Date of Birth (MMDDYY)

Gender: ☐ Female ☐ Male

Is your over-age dependent handicapped? ☐ Yes ☐ No

E-mail Address

☐ Medicare Eligible Please indicate reason for Medicare eligibility: ☐ Age 65+ ☐ Disability ☐ End Stage Renal Disease

Medicare Number (if applicable)

Part A Effective Date (MMDDYY)

Part B Effective Date (MMDDYY)

Part D Effective Date (MMDDYY)

Is dependent a full-time student? ☐ Yes ☐ No

If yes, please indicate college/university name:

College/University Name

Expected Graduation Date (MMDDYY)

Primary Care Physician's Last Name

Primary Care Physician's First Name

Primary Care Physician Number: Are you a current patient, or if not a current patient, have you verified that the PCP will accept you as a new patient? ☐ Yes ☐ No

Do you have additional group health insurance? ☐ Yes ☐ No

Name of Prior Health Care Insurer

Policy Identification Number

Policy Effective Date (MMDDYY)

Policy Cancellation Date (MMDDYY)

5—Dependent Information continued

Please provide all information for each person to be covered.

Subscriber's Last Name

Subscriber's First Name

M.I.

Social Security Number

 - -

Date of Birth (MMDDYY)

Dependent's Last Name

Dependent's First Name

M.I.

Social Security Number

 - -

Date of Birth (MMDDYY)

Gender: ☐ Female ☐ Male

Is your over-age dependent handicapped? ☐ Yes ☐ No

E-mail Address

☐ Medicare Eligible Please indicate reason for Medicare eligibility: ☐ Age 65+ ☐ Disability ☐ End Stage Renal Disease

Medicare Number (if applicable)

Part A Effective Date (MMDDYY)

Part B Effective Date (MMDDYY)

Part D Effective Date (MMDDYY)

Is dependent a full-time student? ☐ Yes ☐ No

If yes, please indicate college/university name:

College/University Name

Expected Graduation Date (MMDDYY)

Primary Care Physician's Last Name

Primary Care Physician's First Name

Primary Care Physician Number: Are you a current patient, or if not a current patient, have you verified that the PCP will accept you as a new patient? ☐ Yes ☐ No

Do you have additional group health insurance? ☐ Yes ☐ No

Name of Prior Health Care Insurer

Policy Identification Number

Policy Effective Date (MMDDYY)

Policy Cancellation Date (MMDDYY)

Dependent's Last Name

Dependent's First Name

M.I.

Social Security Number

 - -

Date of Birth (MMDDYY)

Gender: ☐ Female ☐ Male

Is your over-age dependent handicapped? ☐ Yes ☐ No

E-mail Address

☐ Medicare Eligible Please indicate reason for Medicare eligibility: ☐ Age 65+ ☐ Disability ☐ End Stage Renal Disease

Medicare Number (if applicable)

Part A Effective Date (MMDDYY)

Part B Effective Date (MMDDYY)

Part D Effective Date (MMDDYY)

Is dependent a full-time student? ☐ Yes ☐ No

If yes, please indicate college/university name:

College/University Name

Expected Graduation Date (MMDDYY)

Primary Care Physician's Last Name

Primary Care Physician's First Name

Primary Care Physician Number: Are you a current patient, or if not a current patient, have you verified that the PCP will accept you as a new patient? ☐ Yes ☐ No

Do you have additional group health insurance? ☐ Yes ☐ No

Name of Prior Health Care Insurer

Policy Identification Number

Policy Effective Date (MMDDYY)

Policy Cancellation Date (MMDDYY)

5—Dependent Information continued

Please provide all information for each person to be covered.

Dependent's Last Name

Dependent's First Name

M.I.

Social Security Number

Date of Birth (MMDDYY)

Gender: ☐ Female ☐ Male

Is your over-age dependent handicapped? ☐ Yes ☐ No

E-mail Address

☐ Medicare Eligible Please indicate reason for Medicare eligibility: ☐ Age 65+ ☐ Disability ☐ End Stage Renal Disease

Medicare Number (if applicable)

Part A Effective Date (MMDDYY)

Part B Effective Date (MMDDYY)

Part D Effective Date (MMDDYY)

Is dependent a full-time student? ☐ Yes ☐ No

If yes, please indicate college/university name:

College/University Name

Expected Graduation Date (MMDDYY)

Primary Care Physician's Last Name

Primary Care Physician's First Name

Primary Care Physician Number: Are you a current patient, or if not a current patient, have you verified that the PCP will accept you as a new patient? ☐ Yes ☐ No

Do you have additional group health insurance? ☐ Yes ☐ No

Name of Prior Health Care Insurer

Policy Identification Number

Policy Effective Date (MMDDYY)

Policy Cancellation Date (MMDDYY)

HMO/POS Coverage

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and;
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your Plan Administrator.

6—Disclosure / Signature

Subscriber signature required.

I AUTHORIZE ANY LICENSED DOCTOR, HOSPITAL OR OTHER HEALTH CARE PROVIDER TO PROVIDE MY PLAN WITH ANY INFORMATION REQUESTED CONCERNING MEDICAL SERVICES I OR MEMBERS OF MY FAMILY HAVE RECEIVED, WHICH THE PLAN DETERMINES IS NECESSARY FOR THE OPERATION AND REGULATION OF THE PLAN. THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND IS VALID FOR UP TO 24 MONTHS.

Important: Please read and sign below:

*** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**



Subscriber Signature

Date

CSEA Employee Benefit Fund Enrollment Form



PO Box 516
Latham, NY 12110
800-323-2732
www.cseabf.com

Employee Information (Please Print)

Social Security # _____ Date of Birth _____ / _____ / _____

Name (First, Middle Initial, Last) _____ Please (✓) one: ☐ M ☐ F

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Employee's Daytime Phone # _____ Email _____

Name of Employer _____

Spouse/Domestic Partner Information

Please (✓) one: ☐ Spouse ☐ Domestic Partner* Date of Marriage _____ / _____ / _____ Please (✓) one: ☐ M ☐ F

Name (First, Middle Initial, Last) _____

Date of Birth _____ / _____ / _____ Social Security # _____

Dependent Children Information (For relationship, please indicate: Son, Daughter, Step-child or other)

Last Name _____ First Name _____ Date of Birth _____ / _____ / _____ ☐ M ☐ F Relationship _____

Last Name _____ First Name _____ Date of Birth _____ / _____ / _____ ☐ M ☐ F Relationship _____

Last Name _____ First Name _____ Date of Birth _____ / _____ / _____ ☐ M ☐ F Relationship _____

Last Name _____ First Name _____ Date of Birth _____ / _____ / _____ ☐ M ☐ F Relationship _____

If you are enrolling for a CSEA EBF Dental Plan, please answer the following: Do you and/or your dependents have other dental coverage available? ☐ Yes ☐ No

If yes, please indicate: Name of other plan: _____ Effective Date: _____ / _____ / _____

*Important Information concerning dependent coverage

- *Not all employers allow domestic partner coverage.* For New York State Employees; before enrollment of a domestic partner can be completed, the CSEA EBF must receive eligibility confirmation from The NYS Department of Civil Service. For Local Government employees, the confirmation must come from your employer. For purposes of IRS reporting, it is necessary that you provide your domestic partner's social security number on this form.
- When enrolling dependent children, it may be necessary for the CSEA EBF to require and/or request additional information which may include full-time student verification for children ages 19 and over, verification of eligibility by "Proof of Dependency" form, copy of Birth Certificate and/or "Certification of Disability" form.
- In certain instances, a copy of a Marriage Certificate may be requested for proof of eligibility.
- An employee may not be covered both as an employee and as a dependent of an employee. A member who has a spouse eligible for coverage is not eligible to cover a domestic partner. If member and spouse/domestic partner are EBF members, coverage may not be claimed under both plans.

For a detailed outline of eligibility rules, please refer to your Summary Plan Description or visit our website at www.cseabf.com

I certify that the above information is correct:

Member's Signature _____ Date _____

Labor-Management Healthcare Coalition TM

Town of West Seneca

Summary of Benefits

Traditional Blue POS 201/201Plus

Deductibles/Maximums	POS 201	POS 201 Plus
In-network deductible	N/A	
In-network co-insurance	N/A	
Medical in-network out-of-pocket maximum	\$5,125/\$10,250	
Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450	
Out-of-network deductible	\$250/\$500	
Out-of-network coinsurance	20%	
Out-of-network out-of-pocket maximum	\$2,000/\$4,000	
Annual maximum	Unlimited	
Lifetime maximum	Unlimited	
Benefit administration	Calendar year	
Dependent age	26	
Student age	26	
Dependent/Student coverage ends	End of birth month	
Domestic partner	No Coverage for domestic partner	
Prescription Drug	POS 201	POS 201 Plus
Prescription copay	\$1/\$10/\$25	
Mail order copay per 90-day supply	1copay	
Option 90 - 90 day supply at retail	2.5 copays	
Physician Services - Office	POS 201	POS 201 Plus
Primary care physician copay	\$5	\$0 or \$5
Specialist copay	\$10	\$15 or \$10
Pediatric visits for children up to age 19	Covered in full	
Well child visits and immunizations for children up to age 19	Covered in full	
Allergy immunotherapy	\$10	\$15 or \$10
Chiropractic	\$5	\$5
Laboratory services	Covered in full	
Radiology (X-ray, MRI, CT and other high-tech imaging)	Covered in full	
Pre and post natal care	Covered in full after initial primary care physician copay	
Physician Services - Preventive	POS 201	POS 201 Plus
Abdominal aortic aneurysm screening	Covered in full	
Adult immunizations (flu vaccinations covered in full)	Covered in full	
Bone mineral density screening	Covered in full	
Routine colorectal cancer screening	Covered in full	
Routine mammogram	Covered in full	
Routine OB/GYN	Covered in full	
Routine pap smear	Covered in full	
Routine physical exam	Covered in full	
PSA test	Covered in full	
Routine eye exam	Covered in full	

Labor-Management Healthcare Coalition TM

Town of West Seneca

Summary of Benefits

Traditional Blue POS 201/201Plus

Hospital	POS 201	POS 201 Plus
Inpatient hospital stay	Covered in full	
Inpatient maternity stay	Covered in full	
Outpatient surgery	\$10	\$15 or \$10
Emergency Hospital Care	POS 201	POS 201 Plus
Emergency room (copay waived if admitted to hospital)	\$35	
Ambulance - ground	Covered in full	
Ambulance - air	Covered in full	
Urgent care centers	\$5	\$0 or \$5
Mental Health and Substance Abuse	POS 201	POS 201 Plus
Inpatient mental health	Covered in full	
Outpatient mental health	Covered in full	
Inpatient alcohol & substance abuse detoxification	Covered in full	
Inpatient alcohol & substance abuse rehabilitation	Covered in full	
Outpatient alcohol & substance abuse	Covered in full	
Other Services	POS 201	POS 201 Plus
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$10	\$15 or \$10
Chemotherapy	\$10	\$15 or \$10
Dialysis	\$10	\$15 or \$10
Durable medical equipment	20% copay	
Home care	\$10	\$15 or \$10
Hospice	210 days, Covered in full	
Physical, speech and occupational therapy (30 visits)	\$10	\$15 or \$10
Prosthetic and orthotic appliances	20% copay	
Radiation therapy	\$10	\$15 or \$10
Skilled nursing facility	Unlimited days, Covered in full	
Lasik Eye Surgery (up to \$400 each eye)	50% copay	50% copay
Wellness Benefit	POS 201	POS 201 Plus
Wellness Card	\$250	

revised 1/1/2016 (0001, 0003, 0004, 0002, 0005, 0006)

****This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.**



A Plan for Your Future



New York State
Deferred Compensation Plan

A Plan for Your Future

Your Education Workbook

The New York State Deferred Compensation Plan (the “Plan”) is a State sponsored voluntary retirement savings plan that is offered to State employees and employees of over 1,700 local government jurisdictions that have adopted the Plan. Its mission is to help State and local public employees achieve their retirement savings goals by providing high-quality, cost-effective investment products, investment education programs and related services. The Plan is overseen by the New York State Deferred Compensation Board (the “Board”) and managed by professional staff.

The New York State Deferred Compensation Plan is a State-sponsored employee benefit for State employees and employees of participating employers.

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The Plan provides educational programs, a diverse array of investment options, and online investment guidance. These features and dedicated customer service teams make the Plan an attractive way for you to invest. Here's what you can expect as a Plan participant:

Simplicity — Contributions are deducted directly from your salary each pay period. You may change the amount you contribute at any time, subject to timing restrictions.

Lower costs — The Plan leverages its size to drive down expenses. As a result, more of what you contribute can go directly into investments.

A wide array of investment options — Our menu of core options cover each major asset class. Because market gains and losses usually do not affect all classes equally, you can diversify your investments through your Plan account and spread the risk of market losses around. We also offer a series of Retirement Date Trusts that allow you to select a trust geared for the year you plan to retire. These trusts reallocate equity exposure to a higher percentage of fixed investments over time. As a result, the trusts become more conservative over time.

Investing involves market risk, including possible loss of principal. It's important to remember that no strategy — including the use of asset allocation and diversification or investing in Retirement Date Trusts — can assure a profit or prevent a loss in a declining market.

Choice of tax treatment — You may elect to have contributions to your account to be:

Traditional — Made with pre-tax income: Earnings credited to your account also would not be subject to current federal or New York State income taxes. Your contributions and earnings, if any, would be subject to these taxes when you receive them. The up-front tax benefit may make it easier to save more, and your account could potentially grow faster. Earnings, if any, are reinvested in your plan account.

Roth — Made with after-tax income: If certain criteria are met, earnings credited to your account will not be subject to current federal or New York State income taxes.

Both — Made with both pre- and after-tax income: You split your contributions between pre- and after-tax. Doing this could reduce the impact of income taxation now, and in retirement.

Before you make decisions about contributions with pre- or after-tax dollars, please consult your tax or legal professional. Neither the Plan nor any of its representatives offer tax or legal advice.

A wealth of online resources — The Plan Web site, www.nysdcp.com, offers a variety of educational materials, interactive calculators and eWorkshops to help you get the most out of participation in the Plan.

People to help you — The Plan offers a team of highly trained professionals, ready and able to assist you as you decide which features of the Plan make the most sense for you.

We value your participation and believe that the Plan is better positioned than ever to serve you. If you have questions about the Plan, please call the HELPLINE (1-800-422-8463) or visit the Plan Web site, www.nysdcp.com.



New York State
Deferred Compensation Plan

A Plan for Your Future

Welcome

We'd like to invite you to join the New York State Deferred Compensation Plan (the Plan). While you may expect your future pension and Social Security benefits to provide for a comfortable retirement, it makes sense to take advantage of an opportunity to invest for retirement for several important reasons.

- **Inflation eats fixed income**
- **Health care costs happen**
- **Pension and Social Security income combined tend to cover just the basics**
- **No one else is saving for your retirement**
- **Having financial options is a good thing**

As an employee of New York State or a local participating employer, you can add to your future pension and Social Security benefits by participating in the Plan, which is recognized as a leader in retirement plans for public employees. Since 1985, the Plan has helped more than 220,000 New York State public employees accumulate sizable retirement assets.

The New York State Deferred Compensation Board

Diana Jones Ritter

Blake G. Washington

David J. Natoli



Mitchell Marina of Greenport Village, New York

You Owe It to Yourself

Some folks spend a lot of time taking care of others. But sometimes, you have to put yourself first, especially when it comes to investing for your retirement. You owe it to yourself! Need more reasons why it's important to invest for retirement? Take a look at the next page.

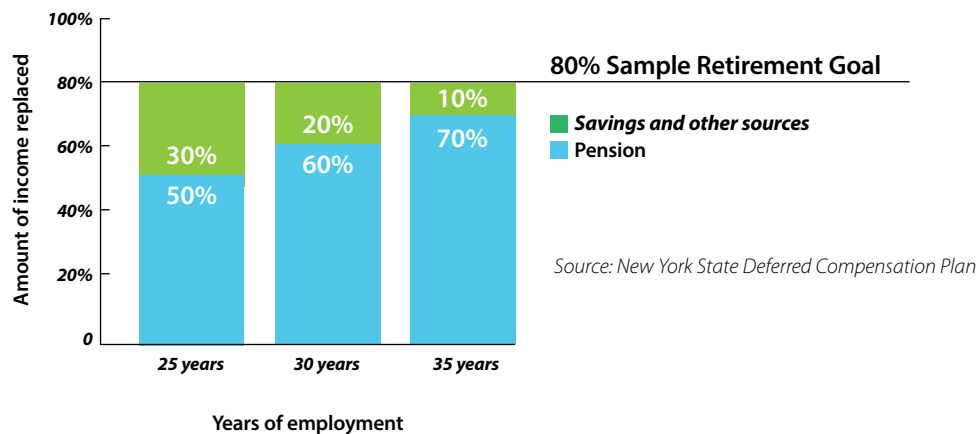


Why You Need to Invest for Retirement

- People are living longer, healthier lives
- You want work to be a choice when you're retired
- Inflation means things will cost more

Another important reason to invest for retirement is that you could be income-deficient. Most industry professionals agree you may need from 75% to 90% of your current income at retirement. What happens if you come up short? Pension plans are a good start, but they only go so far. Any Social Security benefit and personal savings outside the Plan can help fill in the gap. Do you want a better chance at a healthy retirement? Start supplementing your retirement income today.

How much might your pension replace?



Ready to take action?

Write how much your pension will replace in retirement here:

If you don't know, visit your Benefit Office to get an estimate.

Why Joining the Plan May be a Sound Decision

- Payroll deductions help make contributing hassle-free
- Lower costs means more of what you contribute can go directly into investments
- Long-term compounding can help power potential growth of your investments

And if you have other retirement assets, you may be able to roll money from that account into your Plan account. Qualified retirement plans, deferred compensation plans and individual retirement accounts are all different, including fees and when you can access options. Assets rolled over from your account(s) may be subject to surrender charges, other fees and/or an additional 10% early withdrawal tax if withdrawn before age 59½. Neither NYSDCP nor any of its representatives give legal or tax advice.

Investing involves market risk, including possible loss of principal.



Ready to take action?

Consolidate your accounts in one place! List accounts you can roll over today!

Eligible accounts may include IRA, 457(b), 401(k), 403(b), DROP, and other qualified plans.



Boldt Island Arch, New York

Build From a Solid Foundation

Whether it's a skyscraper or a tree house, buildings that meet their purpose start with a solid foundation. You use the right tools to construct something that's going to last.

To lay a solid foundation for working toward your retirement dreams, you start by figuring out what's really important to you — now, in a few years, and over a lifetime. Then, you use the tools that can help you put it together. To nail your priorities, read on.



How You Can Find the Money to Save

- Become aware of your spending
- Spend consciously

Saving a little can make a big difference

Maybe you feel like every dollar you make is spoken for; that you can't afford to save for retirement. Yet even investing as little as 5% of your pay can make a big difference at retirement! You'd be surprised where you could find that money. The chart below has a few ideas to get you started.

Small sacrifices go a long way

Small sacrifice	Big savings
1 coffee shop coffee per day	\$913 a year
1 movie per week	\$442 a year
1 magazine per week	\$205 a year

Assumes \$2.50 cup of coffee, \$8.50 movie ticket, and \$3.95 magazine.
Source: Communi(k) Research, 2003.

View your plan as a savings bargain. The money that goes into your Plan account can come out of your paycheck before federal and New York State taxes. Because your gross salary is reduced by the amount of your contribution, your taxable income is lowered. By putting the power of tax-deferred investing to work for you, more goes into your Plan account than would come out of your net paycheck. To get a better idea of how this works, take a look at the chart below.

More money goes into your account than comes out of your pay

When you contribute:	It equals this dollar amount:	Your net pay is reduced by:	But you get the earning potential of:
1%	\$15	\$11	\$15
2%	\$29	\$22	\$29
5%	\$73	\$55	\$73
8%	\$117	\$88	\$117

Example of pre-tax savings for someone making \$38,000 a year.

Assumes a 25% federal tax rate, biweekly pay periods, and amounts rounded to the nearest dollar.

NOTE: If you elect to contribute to the Plan's Roth 457(b) option, you will be using after-tax dollars. So, the amount that your net pay is reduced by would equal the amount of your contribution. To learn more about the Roth 457(b) option, turn to the next page.



Ready to take action?

Make the commitment to save for your future! Write the amount you will contribute to your Plan account:

\$_____ or _____% per paycheck

A good starting point might be 5% of your pay.



Ready to take action?

In the space below, write one small sacrifice you're willing to make for a brighter retirement future:

How You Can Invest for Tax-Free Retirement Income

You have the opportunity to designate all or part of your contributions to your New York State Deferred Compensation Plan account as after-tax Roth 457(b) contributions.

When you contribute to a Roth 457(b) account, you pay taxes on the portion of your salary that goes into the plan; but withdrawals of contributions and earnings can be tax-free during retirement if certain conditions are met.

If you wish, you can even split your contributions between traditional pre-tax 457(b) contributions and Roth 457(b) contributions.

Let's compare

	Pre-Tax 457(b) contributions	After-Tax Roth 457(b) contributions
Pre-tax income	\$60,000	\$60,000
Amount contributed	\$8,000 pre-tax	\$6,000 after-tax ¹
Net Income after contributions	\$52,000	\$52,000 ²
Hypothetical after tax account value in 20 years assuming a 7% annual return		
Tax rate remains the same (25%) at time of distribution	\$23,218 ³	\$23,218
Tax rate decreases to 15% at time of distribution	\$26,314 ⁴	\$23,218
Tax rate increases to 28% at time of distribution	\$22,289 ⁵	\$23,218

¹ Equivalent to \$8,000 after taxes, assuming 25% tax bracket

² Net amount after \$2,000 paid in taxes for Roth after-tax contribution

³ Net amount after taxes paid (25% bracket), assuming the distribution is a qualified distribution

⁴ Net amount after taxes paid (15% bracket), assuming the distribution is a qualified distribution

⁵ Net amount after taxes paid (28% bracket), assuming the distribution is a qualified distribution

This example is for illustration purposes only. It compares a 15%, 25%, or 28% tax bracket at the time of distribution and an average total rate of return of 7% compounded annually. Applicable tax rates may be significantly different from when the contribution is made compared to the time of distribution. The Roth account assumes the distribution is a qualified distribution.



Is a Roth 457(b) right for you?

You may want to consider making Roth 457(b) contributions if you:

- Believe that tax rates will rise before you retire and you want to take advantage of the potential tax-free withdrawals provided for with a Roth 457(b) account
- Expect to be in a higher tax bracket during retirement
- Are younger, with many working years ahead of you
- Are unable to contribute to a Roth IRA because of your income
- Are looking for an estate-planning tool to leave assets tax-free to heirs

What's the difference?

	Traditional (pre-tax) 457(b)	Roth 457(b) ¹	Roth IRA ²
Contribution limit	Combined \$19,000		\$6,000
Catch-up contribution limit — for those age 50 and older	Combined \$6,000		\$1,000
Contribution taxable in year contributed	No	Yes	Yes
Contribution taxable in year distributed	Yes	No	No
Contribution earnings taxable in year distributed	Yes	No ¹	No ¹
Your income determines your contribution amount	No	No	Yes

¹ Contributions and earnings distributed from a Roth 457(b) account are not taxable if the distribution is made five years or more after January 1 of the year the first contribution was made to the Plan's Roth 457(b) account and the distribution is made after age 59½, or because of death, or disability.

² Contributions and earnings from a Roth IRA are not taxable if the distribution is made five years or more after the January 1 of the year since the first Roth IRA contribution was made to any Roth IRA and the distribution is made after age 59½, or because of death, disability or a qualified first time home purchase. The first-time home purchase requirement applies to Roth IRAs, not to Roth 457(b) accounts.

Neither the Plan nor its representatives may offer tax or legal advice. Consult with your own counsel before making any decisions about contributing or converting your Plan assets to Roth 457(b).



Brooklyn Bridge and Manhattan, New York

The Strategy Can Make the Grade

A good lesson plan includes a variety of teaching techniques. Different students learn in different ways, so you try to balance your techniques to give every student a chance at success with the material. Different investment types tend to react to market conditions in different ways. By balancing them through a strategy known as asset allocation, you can combine investments in ways that work for you. To find the balance that may be best for you, follow the steps on the next few pages.

The use of diversification and asset allocation as part of an overall investment strategy does not assure a profit or protect against loss in a declining market.



Choosing Your Investment Options

Your Personal Asset Allocation Strategy

When you spread your money out among options with different types of investment strategies, you potentially lessen the portfolio's risk. That's called asset allocation — it's just another way of saying that the money in your Plan account should be invested in different types of investments since markets can be unpredictable.

Think of asset allocation like driving a car with four-wheel drive. If one wheel slips, you have three more opportunities for traction. Remember, even though asset allocation can't guarantee returns or insulate you from potential losses in a declining market, it can help you manage risk and maybe keep you on the road to your vision of retirement.

Three factors determine how your Plan account could grow if given the opportunity:

- **How much you contribute** — dependent on your personal budget and IRS limitations.
- **Your investment returns** — dependent on the performance of the markets and your individual investment options.
- **How your investments are diversified** — dependent on your asset allocation strategy.

While HELPLINE representatives and your Account Executive can help you understand how to make decisions about asset allocation, many participants do not feel comfortable making initial and ongoing asset allocation decisions. These participants may be considered Do It For Me investors; while those who prefer to create their own asset allocation may be considered Do It Yourself investors.

The Plan's Investment Structure

The Plan offers three ways to invest to help make using an asset allocation strategy less complicated and to meet the needs of Plan participants who want varying levels of involvement in investment decision-making.

Do It For Me with T. Rowe Price Retirement Date Trusts

It's estimated that the majority of retirement investors don't have the time or desire to select and track their investments. Retirement Date Trusts are designed to help those investors.

Each Retirement Trust is made up of a number of other T. Rowe Price collective investment trusts. The allocations to these underlying trusts will depend on the target asset allocation for the particular Retirement Date Trust and is designed to cover multiple asset classes and investment styles all in one trust. Although the investor will pay a proportionate share of each underlying trust's expense ratio, there is no additional charge for the asset allocation services.

To the right is a table to help you select the appropriate Retirement Trust for your account.

You may decide to select a Retirement Trust that differs from the nearby chart if you expect to retire at an age different than 65, wish to adjust for other anticipated retirement assets or income, or any other reason you may have.

If you were born....	This option may be right for you...
In 1993 or after	Retirement 2060
1988-1992	Retirement 2055
1983-1987	Retirement 2050
1978-1982	Retirement 2045
1973-1977	Retirement 2040
1968-1972	Retirement 2035
1963-1967	Retirement 2030
1958-1962	Retirement 2025
1953-1957	Retirement 2020
1948-1952	Retirement 2015
1943-1947	Retirement 2010

In general, the later the retirement date selected, the higher the initial allocation will be to stock market investments and the lower allocation to fixed income investments. Stock market investments have historically provided higher long-term returns than fixed income investments but have also been more volatile (risky).

Retirement Date Trusts are designed to re-allocate assets from stock market investments to less risky fixed income and cash investments as you approach retirement. Typically, a younger investor can withstand more volatility in their investments and would benefit from the higher returns that stock market investments have provided over the longer term. This is also a period when regular contributions are being made and the volatility is somewhat mitigated by dollar-cost averaging — buying shares at varying prices over time.

As you approach and reach retirement, you are generally more concerned with preserving principal but also need to consider some growth as a hedge against inflation. Therefore, the glide path continues even into retirement and maintains some allocation to stock market investments.

Although designed to be a stand-alone investment, participants may use more than one Retirement Date Trust and may be used in conjunction with other available investment options.

Target Retirement Date Trusts are designed for people who plan to withdrawal assets during or near a specific year. These trusts use a strategy that reallocates equity exposure to a higher percentage of fixed investments over time. Like other options, Target Date Trusts are subject to market risk and loss. Loss of principal can occur at any time, including before, at or after the target date. There is no guarantee that Target Date Trusts will provide enough income for retirement.



Ready to take action?

On the next few pages, you can create your personal investment strategy step-by-step.

This is most useful for participants who use Do It Yourself investment options but may be helpful to anyone interested in the process of asset allocation.

Do It Yourself by actively or passively managing your investments

Participants may choose to create their own asset allocation using the menu of individual investment options under the Plan. Some investors may choose an asset allocation that is customized to their particular needs which is not available using Retirement Date Trusts. Other investors prefer to use multiple investment management firms or prefer to create a portfolio of other index trusts and mutual fund options. Index mutual funds do not use active management and generally have lower expenses than actively managed options.

The Plan strives to offer sound investment options in each major investment category. Investment options are chosen based on a number of factors including: long-term performance, management stability, style consistency, and lower-than-industry-average expenses. Although changes to the lineup may be infrequent, all investment options are reviewed on a regular basis.

Specialty Options

This category highlights investment options that offer unique investment objectives, such as environmental, social and governance.

In addition, participants who are advanced investors and wish to invest in mutual funds or exchange-traded funds (ETFs) have the option of opening a Schwab Personal Choice Retirement Account(r) (PCRA). Participants should review PCRA restrictions and additional costs before moving any money to the PCRA.

Investments placed through the Schwab PCRA are not monitored by the NYSDCP Board or staff. Schwab Personal Choice Retirement Account(r) (PCRA) is offered through Charles Schwab & Co., Inc., a registered broker-dealer not affiliated with NYSDCP or the Plan Administrator.

Interactive Guide to Asset Allocation

Asset allocation is a rational strategy for investment selection. Simply put, it is the process of diversifying your investment dollars across different asset classes. It helps you to maximize your return potential while reducing your risk. How your investments are diversified depends on your willingness to handle risk. In general, the greater the risk, the greater the potential return. By diversifying a portfolio, you can pursue attractive performance potential while simultaneously spreading your investment risk.

Questionnaire

1. Your current age is:

- ☐ 1 Over 70 (1 point)
- ☐ 2 60-70 (4 points)
- ☐ 3 50-59 (8 points)
- ☐ 4 35-49 (12 points)
- ☐ 5 34 or younger (16 points)

2. When do you anticipate taking regular cash distributions from your account?

- ☐ 1 Less than 5 years (2 points)
- ☐ 2 5 – 9 years (5 points)
- ☐ 3 10 – 15 years (7 points)
- ☐ 4 More than 15 years, or I do not anticipate taking cash distributions (10 points)

3. In addition to your current employer-sponsored retirement plan, do you have other retirement plan benefits such as a defined benefit pension or defined contribution profit sharing plan?

- ☐ 1 No (0 points)
- ☐ 2 Yes (20 points)

4. If \$100,000 was invested at the beginning of the year, which example best describes your tolerance for risk?

- ☐ 1 Portfolio A (\$95,000-\$115,000) 1 point
- ☐ 2 Portfolio B (\$90,000-\$125,000) 4 points
- ☐ 3 Portfolio C (\$85,000-\$140,000) 7 points
- ☐ 4 Portfolio D (\$80,000-\$150,000) 10 points

5. While riskier than bond investments, stock investments offer the potential of higher long-term investment returns. What is your feeling about investing a portion of your money in stock investments?

- ① I am concerned that stock investments are too risky and would prefer a higher allocation to bonds (1 point)
- ② I understand there is additional risk with stock investments and would consider a more balanced allocation to stocks and bonds (5 points)
- ③ I understand there may be some additional risks in stock investing, but the opportunity to achieve long-term growth with a higher allocation to equities is worth serious consideration (9 points)
- ④ I understand the risks, but recognize there are growth opportunities in stock markets, and would like to maximize those opportunities (12 points)

6. Given the volatility of the capital markets, your account value will fluctuate over time. The three choices below show potential account value ranges after a three year investment period. If you were to invest \$50,000, which portfolio would you select?

- ① Account value range of \$48,000 - \$53,000 (2 points)
- ② Account value range of \$45,000 - \$58,000 (6 points)
- ③ Account value range of \$40,000 - \$60,000 (10 points)

Total points:

DO IT YOURSELF YOUR PERSONAL INVESTMENT STRATEGY

Take your total points from the questionnaire and look for the profile that best describes you.

	Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive
Capital preservation	30%	17%	12%	7%	3%
Bonds	40%	38%	28%	18%	7%
Large-cap	16%	23%	30%	37%	44%
Small/Mid-cap	5%	8%	11%	14%	16%
International	9%	14%	19%	24%	30%

Note: In the Asset Allocation Tool on NYSDCP.com, Small-Cap and Mid-Cap are listed separately.



Put a check mark next to your portfolio code/investor profile.



0 – 16 =
Conservative

☐

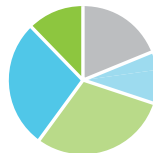
Designed for an investor with a low risk tolerance and/or a short time horizon. It is targeted toward the investor seeking stability and whose main objective is to preserve capital while providing income. Fluctuations in the value of these portfolios are minor.



17 – 26 =
Moderately Conservative

☐

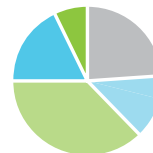
Appropriate for an investor who seeks both modest investment value increases and income from his/her portfolio. This investor will have either a moderate time horizon or a slightly higher risk tolerance than someone who chooses a Conservative profile.



27 – 39 =
Moderate

☐

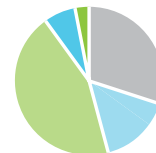
Best suits an investor who seeks relatively stable growth and a low level of income. The investor will have a higher tolerance for risk and/or a longer time horizon than a conservative or moderately conservative investor. The main objective is to limit fluctuations to less than those of the overall stock market.



40 – 57 =
Moderately Aggressive

☐

Designed for an investor with a high tolerance for risk and a longer time horizon. This investor has little need for current income and seeks above-average growth from his/her investable assets.



58 – 78 =
Aggressive

☐

Appropriate for an investor with both a high tolerance for risk and a long time horizon. The main objective of this portfolio is to provide high growth without providing current income.

The Asset Allocation Tool presented is available through a license agreement between Wilshire Associates and Nationwide. Its sole purpose is to assist you in determining your general attitudes towards investment risk. This questionnaire does not consider all factors necessary in making an investment decision (e.g., personal and financial information and investment objective). In no way should this questionnaire be viewed as investment advice or establishing any kind of advisory relationship with Wilshire Associates. Wilshire Associates does not endorse and/or recommend any specific financial product that may be used in conjunction with the asset allocation models that are presented. Please consult with your financial professional and obtain the financial product's prospectus (or its equivalent) and read it carefully prior to investing.

Find Answers About the New York State Deferred Compensation Plan

These Plan highlights are designed to answer questions you may have about the Plan.

About Your Deferred Compensation Plan

What is the Deferred Compensation Plan?

The New York State Deferred Compensation Plan is a tax-advantaged voluntary retirement savings program, created by federal and state law, that permits government employees to defer up to 100% of compensation after any required salary deductions (such as retirement system contributions, Social Security and Medicare taxes, health plan premiums, union dues, etc.), but not more than \$19,000. The amount saved is not subject to current federal or New York State income taxes and earnings accumulate tax-deferred until the amounts are distributed, generally during retirement.

You may choose to make pre-tax contributions, after-tax Roth contributions, or a combination of both. The advantages and disadvantages of making pre-tax and after-tax contributions is discussed in the next few paragraphs and over the following pages.

How does Plan participation work?

As a participant of the New York State Deferred Compensation Plan, you can contribute a portion of your salary through payroll deduction before federal and New York State income taxes are calculated. That gives you less taxable income and, therefore, lower current income taxes and more dollars for you. At the same time, you are building retirement savings for your future. Here is a comparison of how "Before-Tax Deferrals" works:

Suppose you earn \$1,600 per pay period. And, let us assume you would like to contribute 3% per pay period (\$48) to the DCP. Instead of withholding taxes based on \$1,600, your employer would calculate your income tax withholding based on \$1,552 because your \$48 contribution to the Deferred Compensation Plan is not subject to current federal or New York State income tax withholding. Thus, at the end of the year, your IRS Form W-2 will reflect \$40,352 of taxable wages, rather than \$41,600.

	After-Tax Savings	Before-Tax Deferrals
Gross Bi-Weekly Salary	\$ 1,600	\$ 1,600
DCP Contribution	\$ 0	\$ 48
Taxable Income	\$ 1,600	\$ 1,552
Social Security	\$ 123	\$ 123
Federal Income Tax	\$ 208	\$ 193
N. Y. State Income Tax	\$ 73	\$ 70
Regular Savings	\$ 30	\$ 0
Take-Home Pay	\$ 1,166	\$ 1,166

This illustration assumes 2012 FICA, federal, and New York State income tax withholding for a single person who claims one withholding allowance.

How does Plan participation work?

(Continued)

Some investors prefer the benefits of electing the Roth 457(b) option, which allow after-tax contributions now in exchange for tax-free withdrawals in retirement. If you designate all deferrals as Roth 457(b) contributions, the effect to your paycheck would be the same as in the "After-Tax Savings" column on the previous page.

How does Roth 457(b) work?

When you designate deferrals as Roth 457(b) contributions, you pay taxes on each contribution, but withdrawals of contributions and earnings can be tax-free if the distribution is made:

- after five years or more after the January 1 of the first year a contribution was made to the Plans' Roth 457(b) account; and
- after age 59½, or because of death, or disability.

If you wish, you can split your deferrals between pre-tax 457(b) contributions and Roth 457(b) contributions.

Am I still eligible for a traditional Individual Retirement Account deduction?

Participation in the Deferred Compensation Plan does not affect your eligibility for a traditional IRA deduction. However, if either you or your spouse is an active participant in a tax-qualified retirement plan, including the New York State Employees' Retirement System, you are eligible for a full IRA deduction only if your adjusted gross income is less than an amount described in federal law.

Does making pre-tax or after-tax contributions to the New York State Deferred Compensation Plan affect my eligibility for a Roth IRA?

No, participation in the Plan does not limit your eligibility for a Roth IRA. Roth IRA contributions are not deductible for federal income tax purposes.

Do deferrals affect my Social Security taxes or pension contributions?

No, your Social Security taxes and pension contributions, if any, will be calculated on the basis of your gross wages, before any contributions you may make to the Plan.

Contributions, Investing Contributions, and Special Circumstances

How much may I contribute from my paycheck?

You may contribute from 1% of your compensation (but not less than \$10 per pay period) up to 100% of your includible compensation after any required salary deductions (such as retirement system contributions, Social Security and Medicare taxes, health plan premiums, union dues, etc.), but not more than \$19,000.

May I change the amount I contribute to the Plan?

Yes. You may increase, decrease, or suspend your contributions by calling the HELPLINE at 1-800-422-8463 or through the Account Access section of the Plan's Web site (www.nysdcp.com) and selecting Deferral Change, or by completing a Deferral Change form. All changes will be implemented as quickly as administratively possible. However, because of payroll timeframes, your deferral change may not occur for up to two payrolls.

What if I start contributing to the Plan in the middle of the year at a rate designed to result in a maximum contribution by year-end, but which if made for a full year would result in excess contributions?

Your deferral rate will not be changed until you inform the Plan. If you want your deferrals taken more evenly throughout the year, you should adjust your deferral percentage. This can be done by calling the HELPLINE at 1-800-422-8463 or by accessing www.nysdcp.com. Otherwise, your deferral rate will remain the same and payroll reductions will be automatically stopped when you reach your maximum contribution level. However, it is your responsibility to monitor the total contribution.

What if I have not contributed to the Plan for a while and have decided not to contribute in the future?

You may keep your contributions in the Plan and continue to build savings for retirement. However, you may withdraw all or a part of your Plan account balance if your account balance is less than \$5,000, exclusive of any assets you may have in a rollover account, AND you have not contributed to the Plan in the last two years AND have not used this Plan provision before.

Are there situations that let me contribute more under the Plan?

Yes, there are three ways you can contribute more to the Plan than the regular contribution limits would allow.

Age 50 and Over. You are eligible to contribute an additional \$6,000 in the year you attain age 50 and every year thereafter, except the years in which you are making Retirement Catch-Up contributions. However, if the maximum deferral permitted under the Age 50 and Over Catch-Up provision is greater than your Retirement Catch-Up amount discussed in the next paragraph, you may make deferrals up to the Age 50 and Over Catch-Up maximum deferral.

Retirement Catch-up. You may make "catch-up" contributions during the three consecutive years prior to the year you reach your Retirement Catch-up Age — an age you choose that is no earlier than the year in which you may retire without a reduction in benefits under your employer's retirement plan and no later than the year in which you reach age 70½. If you are a police officer or a firefighter, your Retirement Catch-Up Age may be no earlier than age 40. The amount you may contribute through the Retirement Catch-Up provision is the difference between the amounts you were eligible to contribute while an employee of the State or a participating employer and your actual contributions to the Plan. Assistance may be required to determine the exact amount you are permitted to contribute under this special Retirement Catch-Up rule.

Military on Active Duty. If you return to your employer after a period of qualified military service, you will have a limited right to make up contributions to the Plan that you could have made if you had been working for your regular employer.

PLAN HIGHLIGHTS

When do I pay income taxes on my pre-tax contributions and their earnings (if any)?

When you receive your benefit payments from the Plan, your benefit payments will be subject to federal income taxes as ordinary income. The payment of state income taxes will depend on your state of residence when you are receiving benefits from your Plan account. New York State residents who are at least age 59½ are eligible for a state income tax deduction of up to \$20,000 annually on benefit payments received from the Plan.

Are Plan benefit payments taxable to New York State residents?

The payment of state income tax will depend on your state of residence when you are receiving benefits from your Plan account. New York State residents who are at least age 59½ and take payments over at least two calendar years are eligible for a state income tax deduction of up to \$20,000 each calendar year on distributions received from the Plan. This exemption includes benefit payments from the Plan after January 1, 2002 and is applied to the total amount of pension and annuity benefits received by the individual.

What is the federal income tax saver's credit and who is eligible to receive it?

Low and moderate income savers who defer part of their salary to the Plan may be eligible for an income tax credit against their federal income tax. Tax credits are valuable since they reduce your tax liability dollar for dollar. This credit is claimed on the Participant's federal income tax return and applies to the first \$2,000 that is deferred. For more information about how the Saver's Credit may apply to your situation, please call the HELPLINE at 1-800-422-8463.

What happens to the money that is withheld from my paycheck?

When you become a participant in the Plan, you will select how you want your contributions to be invested. More complete information can be found in the inserts which are included with this Enrollment Kit. You should carefully read any prospectus and other relevant investment information before you select your Plan investment options.

May I split my contributions among the different investment options?

Yes. You may allocate your contributions in whole percentages among the various Plan investment options.

How do I exchange or reallocate amounts from one investment option to another?

You may exchange existing balances from one Plan investment option to another, depending on restrictions imposed by the Plan. All exchange requests received prior to the close of the NYSE (normally 4 p.m. ET) will be processed at that day's closing price. Exchanges may be initiated by calling the HELPLINE at 1-800-422-8463 and accessing the VRU or by speaking to a HELPLINE Representative, or through the Account Access section of www.nysdcp.com.

What happens to my Plan account if I am married and at some point get divorced?

If under a court's decision or agreement, your former spouse has an interest in some or all of your Plan account, a Qualified Domestic Relations Order (QDRO) will need to be filed with the Plan. The QDRO will allow a segregated account to be set up for your former spouse. He or she may elect a lump sum distribution of these options as soon as practicable after the account is established, or defer distribution until the participant separates from service or becomes age 50, whichever is earlier.

What if I take a job with another employer?

If you leave state employment or your position with a participating employer, you have several options:

- You may receive payment of your Plan account through any of the payment options that are explained in the Benefit Distribution Request Form.
- You may continue to maintain your account with the Plan. Doing so will allow you to enjoy all the benefits of Plan participation including numerous investment options, tax-deferred growth of assets, and low fees.
- You may transfer all or a portion of your Plan account balance to your new employer's Section 457(b) eligible deferred compensation plan (if available), as long as the plan will accept the transfer.
- You may roll all or a portion of your Plan account balance to your new employer's 401(k) or 403(b) plan, as long as the plan will accept the transfer. Please note, the tax consequences, distribution options, investment options, and participation costs in a 403(b) or 401(k) plan may differ from the New York State Deferred Compensation Plan. You are encouraged to examine the requirements and limitations of any plan to which you may contemplate rolling over your Plan account balance.
- You may transfer your Plan account balance to an Individual Retirement Account. Again, you are encouraged to examine the tax consequences, distribution options, investment options, and participation costs associated with this option prior to transferring your Plan account balance.

Can I roll assets from another retirement plan to my NYSDCP account(s)?

Yes, you can. Assets that you have in another qualified retirement plan, such as a 401(k) or 403(b) plan, an Individual Retirement Account, or another deferred compensation plan may be rolled over to the New York State Deferred Compensation Plan. The direct rollover of assets from another qualified retirement plan to the Plan is not an action that will result in the imposition of federal or state income taxes at the time of the transfer. Assets will be subject to federal and state income taxes upon distribution. Assets rolled to the Plan from another qualified retirement plan will be invested in the Plan's investment options that you designate.

Are assets that are rolled into the Plan available to me prior to separation from service with my public employer?

Yes. Assets rolled into the Plan from another qualified retirement plan, other than assets rolled in from another deferred compensation plan, are separately accounted and, therefore, may be paid to you prior to your separation from public employment. Qualified retirement plans, deferred compensation plans and individual retirement accounts are all different, including fees and when you can access options. Assets rolled over from your account(s) may be subject to surrender charges, other fees and/or an additional 10% early withdrawal tax if withdrawn before age 59½. Neither NYSDCP nor any of its representatives give legal or tax advice.

Receiving Your Benefits and Plan Loan Provisions

When may benefit payments be made from the Plan?

You are eligible to receive the distributions from your Plan account under the following circumstances.

1. Separation from service, including regular retirement.
2. Attainment of age 70½, even if you continue to work.
3. An unforeseeable financial emergency.
4. Small Inactive Account provision. If your Plan account balance is no more than \$5,000, excluding any assets that you may have in a rollover account, AND you have not contributed to the Plan in the last two years AND you have not received a distribution under this provision before, then a Small Inactive Account withdrawal is allowed but limited to \$5,000 and may be used only once.
5. Death.
6. Employees who are absent from employment for qualifying active military service. No deferrals are allowed until six months after the most recent distribution.

How may I receive my benefits?

To initiate a benefit payout for any of the reasons above, call the HELPLINE at 1-800-422-8463, so that a Representative can assist you.

When may I receive my benefits after I retire or separate from service?

Once you have a severance from employment and the Plan receives a termination of employment notice, you will be permitted to take a distribution immediately after leaving employment as long as a balance of \$500 remains in the account for 45 days after a severance from employment.

What are my benefit distribution options?

Withdrawals for an unforeseeable financial emergency, from a Small Inactive Account, or to a participant absent from employment for qualifying military service are paid in a single lump sum payment.

You may receive benefits under the other eligible circumstances in numerous ways. You may take a one-time full withdrawal of your Plan account; establish a regular periodic payment of benefits to be paid monthly, quarterly, semi-annually or annually; take a partial withdrawal of your Plan account followed by monthly, quarterly, semi-annual or annual payments; or defer receiving your benefits to a later date. As long as there is a balance in your account, you may change your benefit payment option. You also have the ability each year to take up to 12 partial lump sum payments of at least \$100 per payment throughout your payment period when you need additional funds.

Periodic benefit payments may be paid to you as a fixed dollar amount or over a fixed period of time. If you elect to receive your benefits over a fixed period of time, the amount of each installment payment will take into account the investment performance of the option or options in which your Plan account was invested, and, therefore, may change with each payment. The amount remaining in your Plan account will remain invested in the option or options you select. You continue to have the same rights to exchange assets (transfer) among Plan investment options. You may elect to receive your installment or partial lump sum payments in the form of a check or an automatic electronic transfer to your bank account. The minimum periodic payment is \$100.

PLAN HIGHLIGHTS

How are distributions paid from my account?

Distributions are taken pro-rata from all the investments in your Plan account. However, you may direct the Plan to take distributions only from your assets in the Stable Income Fund.

When must I choose my distribution option?

You are not required to make a decision when you leave employment, however, and may defer receiving benefit payments until you are age 70½. If you choose to defer payments, you will continue to have the opportunity to accumulate tax-deferred earnings until benefits are paid to you.

Is there a time when I must withdraw money from my NYSDCP account(s)?

If you have separated from service with New York State or a participating employer, you must begin receiving payments from your account no later than April 1 following the close of the calendar year in which you attain age 70½. Of course, you may begin receiving payments sooner, if you wish, as long as you have terminated employment. While the “70½ rule” does not apply to Roth IRAs, it does apply to Roth 457(b) accounts.

What happens if I am still employed at age 70½?

If you remain employed with New York State or a participating employer after you are age 70½, you may elect to receive your Plan benefits while you are employed or continue to defer benefit payments until you retire. You may continue to defer benefit payments only from the plan maintained by your current employer. If you decide to receive your Plan benefits, you may elect any of the distribution options previously discussed.

What happens if I die after I begin receiving benefit payments?

If your account has not been fully paid to you prior to your death, the amount remaining will be paid to your named beneficiary. If you do not name a beneficiary, the amount remaining will be paid to your spouse. If you do not have a surviving spouse, the amount will be paid to your estate. The date when a beneficiary may or must begin to receive benefit payments and the maximum period over which benefit payments may be made depends on several factors.

Beneficiaries should contact the HELPLINE at 1-800-422-8463 for help in determining the benefit options available to them.

Do deferred compensation benefits reduce Social Security benefits?

No. Your Social Security benefits will not be reduced because of your participation in or your benefits from the Deferred Compensation Plan.

What is “separation from service”?

Separation from service occurs because of your voluntary or involuntary termination from employment, retirement, or death. A leave of absence or suspension from employment is not a separation from service. You will be deemed to have separated from service during any period you perform service in the uniformed services.

What is an “unforeseeable financial emergency”?

Federal regulations define an unforeseeable financial emergency as a severe financial hardship resulting from either illness, accident, or property loss to you, your dependents, or designated beneficiary resulting from circumstances beyond your control. Payments can only be made to the extent that the hardship expenses are not covered by insurance or money available from other sources. It is recommended that you speak to a HELPLINE Representative who can assist you to determine whether your situation is likely to qualify for an Unforeseeable Emergency Withdrawal. The process prescribed by law to qualify for an Emergency Withdrawal request is as follows:

Step One: You must complete the Unforeseeable Emergency Withdrawal form which is available on the Plan's Web site or may be requested through the HELPLINE at 1-800-422-8463.

Step Two: You must prove that you have used other available savings and liquid assets and any insurance to satisfy the emergency.

Step Three: You must submit proof that you have incurred this immediate and heavy financial need which was unforeseeable.

Step Four: The Plan's Administrative Service Agency will determine whether each request complies with the unforeseeable emergency withdrawal guidelines.

Step Five: Your request may be approved for up to the amount necessary to satisfy the financial emergency. Since upon distribution you must pay the applicable income taxes, the amount withdrawn to cover the emergency will be a sum that, when reduced by an estimate of such taxes, will leave you with the dollars needed to pay for the emergency.

Usually, a decision on the approval/denial of your Unforeseeable Emergency Withdrawal request will be made within one week of your submission of all the required paperwork, although the Plan allows for up to 60 days. If approved, the amount requested is normally sent to you within two business days, but the Plan allows for up to 30 days for a distribution.

Can I take a loan against my Plan account balance?

Yes, the Plan permits loans to participants who are currently employed by the State or a participating employer or who are on an approved leave of absence. The loan cannot exceed the lesser of 50% of your Plan account balance or \$50,000 (coordinated with other employer plan loans). A participant may only have one (1) loan outstanding at any time.

Loans for general purposes must be repaid, with interest, within five years. The repayment schedule may be extended to up to 15 years if the loan is for the purchase of a primary residence. The interest rate is the prime rate, as published in the Wall Street Journal, plus 1%. Loan repayments are automatically deducted from your checking or savings account and deposited in your Plan account according to your most recent investment allocation.

You should carefully examine your financial options and/or consult with a financial planner or tax advisor before taking a loan against your Plan account. Please contact the HELPLINE for additional information about the loan program, including the loan origination fee, and insufficient fund and default fee.

Loans that are not repaid in accordance with the repayment schedule will be considered in default and treated as a deemed distribution which will be subject to federal and state income taxes. For more information regarding treatment of defaulted Plan loans, see the Loan Program Highlights brochure or call the HELPLINE.

Can I withdraw my Plan account if I stop contributing?

You may be able to take advantage of a one-time Small Inactive Account provision to withdraw your Plan account balance if you meet the following requirements:

- You are still working for your employer.
- You have a Plan account balance of less than \$5,000 excluding any assets you may have in a rollover account; AND
- You have not contributed at any time in the last two years; AND
- You have not used this provision before.

Special Provisions For Military Personnel

Participants who are absent from employment due to qualified active duty military service and receive differential wage payments are treated as active employees for the purpose of participation in the Plan. This means that differential wage payments are treated as compensation that is eligible for deferral to the Plan.

Participants who are absent from employment for qualified active duty military service are treated as having separated from service for the purpose of being allowed to take a distribution(s) from their Plan account. It is important to note that a participant who elects to receive such a distribution may not make any additional deferrals to the Plan for a period of six months after the most recent distribution.

Enrolling in the Plan

How do I enroll in the Plan?

Enrolling in the Deferred Compensation Plan is one of the most important decisions you can make while working for New York State or a participating employer. An Enrollment Form is included in this Enrollment Kit. You may receive enrollment assistance by calling the HELPLINE at 1-800-422-8463 or meeting with an Account Executive.

Once you've completed the forms, just mail them to:

New York State Deferred Compensation Plan
Administrative Service Agency
PO Box 182797
Columbus, OH 43218-2797

When will my payroll deductions start?

Your enrollment application will be processed by the Administrative Service Agency upon receipt. Payroll deductions will be implemented as quickly as administratively possible. Because of payroll timeframes, your deferral change may not occur for up to two payroll periods.

What is the payment of Mutual Fund Reimbursements to Participants?

All administrative mutual fund reimbursements paid to the Plan will be credited to the participants who are invested in the mutual fund that pays the reimbursement on the day the reimbursement is received, and credited to their accounts as soon as administratively feasible. The Plan cautions participants to select their investment options for reasons other than the availability of reimbursements. Funds that do not pay administrative reimbursements generally have lower expenses. A chart of the anticipated reimbursement rates is available in the enclosed Guide to Investment Options, Fees and Exchange Provisions.

What is the administrative fee associated with the Plan?

Every participant receives many Plan services that are paid from Plan revenues including participant administrative fees and interest on Plan trust accounts. The Plan does not receive financial support from the State or any of the local governments that participate in the Plan. Transparency and uniformity are the two essential elements of the fee structure. Uniformity requires that participants with similar asset balances pay the same fee for the Plan services provided. Transparency means that it is easy for a participant to see and understand the fees they are paying. The Board has always insisted that Plan participants have easy access to fee information and that there be no "hidden" fees.

The administrative fee is a combination of a \$20 participant account annual fee, paid in two \$10 semiannual installments, and an asset-based fee calculated on a percentage (expressed in basis points) of the participant's account balance. A basis point is equal to one one-hundredth of one percent. The asset-based fee will be charged only on accounts with balances in excess of \$20,000. Account assets subject to the asset-based fee are capped at \$200,000. These fees are subject to change. Please refer to the Plan Web site or the HELPLINE for updated fee information. These fees are deducted from participant's accounts in April and October of each year. Fees are deducted prorata from each of the participant's investment options. Although included in the calculation of total fees, deductions will not be taken from outstanding loan balances or the Schwab PCRA Self Directed Investment Account.

The administrative costs for participating in the Plan are low when compared to other public employer-sponsored deferred compensation plans throughout the country. The Board has and will continue to control Plan expenses and maximize value to participants.

You pay no sales charges on the investment options. However, each of the options offered by the Plan charges an operating expense that is deducted directly from the option's daily price. These fees vary based on the option selected. For a more complete description, please refer to the particular prospectus, fact sheet or the Guide to Investment Options, Fees and Exchange Provisions.

How do I keep track of my Plan Account?

There are a few choices for you to track your account information. Once enrolled you will begin receiving email notifications when your quarterly account statements are available online, including your account balances and investment options performance information. Or, you may choose to receive printed statements mailed to your address of record.

Second, you may call the Plan's HELPLINE to obtain Plan account information through the automated Voice Response Unit (VRU). Frequently requested Plan account information is available directly from the VRU 24 hours per day. All you need is your Social Security number and Personal Identification Number (PIN) to access the VRU.

You can also access your account information through the Web site. Your Social Security number and birth date are all you need to set-up online account access. You may change your User Name on the Web site after you have created your online account access.

PLAN HIGHLIGHTS

Plan Services

The New York State Deferred Compensation Plan has developed a comprehensive range of services to meet your needs. Here are some of the services provided:

Toll-Free HELPLINE

Personalized assistance is available when enrolling in the Plan and on an ongoing basis for answers to questions about your Plan account, making changes to your Plan account, and understanding your distribution options upon separation from service.

Automated Voice Response Unit (VRU)

The VRU is available 24 hours a day, 365 days a year, and allows you to obtain basic account information, make changes to your Plan account, and much more.

Quarterly Plan Account Statement

Each quarter you will receive a statement detailing your Plan account balance and all transactions that took place during the quarter.

Quarterly Plan Newsletter

Along with your quarterly Plan account statement, you will receive a newsletter that will inform you of recent Plan changes or enhancements, provide you with articles on planning for retirement, and much more.

eDelivery Notifications of Quarterly Statement and Newsletter

You may now elect to discontinue receiving paper statements in the mail and access your statements through the Plan Web site. When you “go paperless”, you receive an email reminder when your quarterly statement is available. Electing paperless statements offers the following benefits:

- Quick and easy setup
- Electronic availability of everything you currently receive by mail
- Reduced clutter
- Ability to help the environment in an easy way
- The ability to switch back to paper statements at any time

Internet Access to Your Plan Account

The Plan Web site, www.nysdcp.com, is designed to provide you with information about the Plan and your Plan account. You can access basic account information, information about Plan investment options, forms, calculators, and more.

Statewide Account Executives

The Plan has Account Executives who serve participants throughout the state. They are available to provide seminars and answer any questions you may have about the Plan.

Statewide Seminars

The Plan’s Account Executives offer seminars explaining the Plan throughout the state on an ongoing basis.

If you have any questions about the Plan, please call the toll-free HELPLINE at 1-800-422-8463.

While this kit is an overview of the Plan, the official Plan Document controls in the case of conflict or ambiguity. A copy of the official Plan document may be obtained from the Plan Web site or by calling the HELPLINE.

This kit contains information about the Plan and should be retained along with your quarterly Plan account statements for future reference. This information explains the Plan and the federal and New York State laws and regulations as in effect when this material was prepared for printing. These laws and regulations may change. Neither the New York State Deferred Compensation Board nor the Plan’s Administrative Service Agency gives any legal or tax advice. If you need tax advice, consult your lawyer or accountant. If you need legal advice, consult your lawyer.

Accessing account information and getting help is easy

Take a look at the information below and then get started by taking the enrollment forms from the back pocket and fill them out.

HELPLINE — Phone access 24 hours a day, 7 days a week!

When you call the HELPLINE at **1-800-422-8463**, you will be asked to enter your Account Number, followed by a four-digit Personal Identification Number (PIN). The first time you access the voice response system, enter your birth date as your temporary PIN (e.g., if your birth date is February 15, 1952 enter 02151952). Next you will be asked to enter a four-digit number that will become your PIN.

Call 1-800-422-8463

The following is a guide to the menu functions of the HELPLINE IVR:

1 For account information

- 1 For account balances
 - 3 For a Breakdown by Investment Option
 - 4 For Account Balance for a specific option
 - 5 Optional – Breakdown by Money Source
 - 6 Optional – SDO Balance
 - 7 Optional – Loan Balance
 - 8 Work with another account

2 For number of units or shares and prices of options in which you are invested

- 1 Current day values
- 2 Prior day values

3 To hear your current contribution and how it's being directed

2 To make changes to your account, or change your PIN

- 1 For exchanges of existing balances
 - 1 To exchange a percentage from one option to another
 - 2 For an end-result exchange
- 2 To change how your future deferrals will be invested
- 3 To change your PIN

3 For investment option information

Call transferred to HELPLINE

4 To order a fact sheet or prospectus

Call transferred to HELPLINE

In addition, the following are special keys that will help you navigate through the HELPLINE and can be used at any time and anywhere within this system by pressing the following:

- *6 To return to the previous menu
- *7 To replay a prompt
- *0 To transfer to a HELPLINE Representative—available 8 a.m. until 11 p.m. Monday through Friday and 9 a.m. until 6 p.m. on Saturdays, except holidays

NEED MORE INFORMATION?

Easy Web Access— 24 hours a day, 7 days a week!

You can get more information about your account at **www.nysdcp.com**. To login to your account:

- Go to www.nysdcp.com
- Click the "Setup An Online Account" or "New User Setup" button and follow the easy steps (you may change your username after you have created your online access)

You can view and make changes to your account, make deferral/allocation changes, make option exchanges, view pricing and performance of your options, and make changes to your personal information and password. You can also access helpful planning tools such as a future value account estimator, a paycheck impact calculator, a retirement savings calculator, and an asset allocation tool.

Administrative Service Agency Mailing Address

For more questions about your individual account or to send any completed forms, please write to:

New York State Deferred Compensation Plan
Administrative Service Agency
PO Box 182797
Columbus, OH 43218-2797

Phone

Toll Free 1-800-422-8463
Available 24 hours a day. Personal assistance is available 8 a.m. to 11 p.m. Monday through Friday and 9 a.m. to 6 p.m. on Saturdays, except holidays.

TTY/TDD services are available toll free 1-800-514-2447 — 24 hours a day.

Web Site

www.nysdcp.com

New York State Deferred Compensation Board
Empire State Plaza Concourse-North, Room 124
Albany, NY 12220

The New York State Deferred Compensation Plan does not discriminate on the basis of disability in the provision of service or employment. If you need this material interpreted in a different form or if you need assistance using it, contact us at 1-800-422-8463.

Investment Option Identification Numbers

When requesting transactions or specific investment option information through the HELPLINE, you will be requested to input a three or four digit number that has been assigned to each of the Plan investment options. These numbers are provided below.

OPTION NAME

NUMBER

Do It For Me T. Rowe Price Retirement Date Trusts



2010.....	2016
2015.....	2017
2020.....	2018
2025.....	2019
2030.....	2020
2035.....	2021
2040.....	2022
2045.....	2023
2050.....	2024
2055.....	2025
2060.....	2026

Do It Yourself Core Investment Options



Stable Income Fund.....	2756
NYSDCB U.S. Debt Index Unitized Account.....	1788
Voya Core Plus Trust Fund.....	1794
Vanguard Wellington - Admiral.....	8957
NYSDCB Equity Index Unitized Account.....	1789
Boston Partners Large-Cap Value Equity Fund.....	1787
T. Rowe Price Equity Income Trust.....	1791
Vanguard PRIMECAP Fund - Admiral.....	2765
T. Rowe Price Blue Chip Growth Trust.....	2015
NYSDCB Russell 2500 Index Unitized Account.....	1790
Vanguard Strategic Equity Fund Investor Shares.....	653
Delaware Small-Cap Value Fund - Institutional.....	1692
T. Rowe Price QM U.S. Small-Cap Growth Equity Fund I Class.....	1793
International Equity Fund - Active Portfolio.....	5025
International Equity Fund - Index Portfolio.....	5030
MSIF Emerging Markets Portfolio - Institutional.....	1458

Specialty Options



Pax Global Environmental Markets Fund - Institutional (Mutual Fund, PGINX).....	1963
Fidelity OTC - K Shares (Mutual Fund, FOCKX).....	1974

Fund prospectuses can be obtained by calling 1-800-422-8463. Before investing, carefully consider the fund's investment objectives, risks, and charges and expenses. The fund prospectus contains this and other important information. Read the prospectuses carefully before investing.

There is no prospectus for CITs and Custom Funds because these options are not mutual funds. You may obtain a fact sheet on each of these options from the HELPLINE at 1-800-422-8463 or our Web site at www.nysdcp.com.

Ready to Enroll?

- Guide to Investment Options, Fees and Exchange Provisions
- Enrollment Form
- Newsletter
- Investment Performance Report (IPR)
- Business Reply Envelope



Tell a Friend

NYSDCP MAKES A DIFFERENCE!

WWW.NYSDCP.COM

HELPLINE: 1-800-422-8463

New York State Deferred Compensation Plan
Administrative Service Agency
PO Box 182797
Columbus, OH 43218-2797

Nationwide Investment Services Corporation, Member FINRA.
NRM-3017NY-NY.23 (01/19)

ENROLLMENT APPLICATION

PERSONAL DATA

☐ Male
☐ Female

Name (Please Print) _____ Social Security Number _____

Home Address _____ Date of Birth _____

City _____ State _____ Zip _____ Home Telephone Number _____

Employer _____ Work Telephone Number _____

Email Address (Required – Please see eDelivery section for additional detail) _____ Local Plan ID Number or State Department ID Code* _____

New York State Employee ID Number* _____

**If you are unaware of this number, please contact your Payroll Center or the HELPLINE as your enrollment cannot be completed without it. Department ID can also be found on your State Paystub.*

DEFERRAL INFORMATION

If your employer is a local town, village, or school, please check with your payroll department or the HELPLINE to determine whether to request a deferral dollar amount or percentage. Also, if your employer is a school and utilizes OMNI as a third-party payroll administrator please contact OMNI to complete the enrollment of your deferral request.

You may select both Pre-tax and Roth. Maximum combined deferral percentage is 100%. **If you are paid through the State Comptroller, please enter a deferral PERCENTAGE.**

Pre-Tax Deferral: _____% or \$: _____ **Roth Contributions:** _____% or \$: _____
Your deferral cannot be less than 1% of your gross salary or less than \$10 per pay period.

BENEFICIARY DESIGNATION

Please complete all requested information for each of your primary and contingent beneficiaries. A person **may not** be listed as both a primary and contingent beneficiary. If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example, if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

- Primary Beneficiary(ies): A primary beneficiary is the person or persons who receive your Plan benefits in the event of your death.
- Contingent Beneficiary(ies): A contingent beneficiary is the person or persons who would receive your Plan benefits if all of your primary beneficiaries predecease you.

Primary Beneficiary (ies) (must be in whole percentages and total 100%)

☐ Equal percentages for each primary beneficiary

Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
				Total = 100%

Contingent Beneficiary(ies) (must be in whole percentages and total 100%)

☐ Equal percentages for each contingent beneficiary

Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
				Total = 100%

eDELIVERY OPT OUT

☐ By checking this box, I elect to receive my quarterly statements and other confirmations from the Plan by **regular mail**. I understand that by **not** checking this box, I elect eDelivery for quarterly statements, newsletters, investment performance reports and confirmations. With eDelivery, I will be emailed this information at the address provided under the Personal Data section when the information is posted to the Plan's Web site.

DEFERRAL ALLOCATION

Write the percentage you wish to allocate to each investment option. You may allocate your salary deferrals among any of the investment options listed below. The allocation of your contributions may be in any whole percentage and must total 100%.



DO IT FOR ME

The following investment options are professionally managed asset allocation funds based on your expected retirement date:

VRU#		VRU#	
_____ % (1776)	TRP Retirement Date 2010 Trust (CIT)	_____ % (1781)	TRP Retirement Date 2035 Trust (CIT)
_____ % (1777)	TRP Retirement Date 2015 Trust (CIT)	_____ % (1782)	TRP Retirement Date 2040 Trust (CIT)
_____ % (1778)	TRP Retirement Date 2020 Trust (CIT)	_____ % (1783)	TRP Retirement Date 2045 Trust (CIT)
_____ % (1779)	TRP Retirement Date 2025 Trust (CIT)	_____ % (1784)	TRP Retirement Date 2050 Trust (CIT)
_____ % (1780)	TRP Retirement Date 2030 Trust (CIT)	_____ % (1785)	TRP Retirement Date 2055 Trust (CIT)
		_____ % (1786)	TRP Retirement Date 2060 Trust (CIT)

The following core investment options permit participants to create their own asset allocation:



DO IT YOURSELF

_____ % (2756)	Stable Income Fund NYSDCP Stable Income Fund	_____ % (1790)	SMID Cap Funds NYSDCB Russell 2500 Index U/A (CIT)
		_____ % (653)	Vanguard Strategic Equity Fund (MF)
_____ % (1788)	Bond Funds NYSDCB US Debt Index U/A (CIT)		Small Cap Funds Delaware Small-Cap Value Fund CL I (MF)
_____ % (1794)	Voya Core Plus Trust Fund (CIT)	_____ % (1692)	T. Rowe Price QM US Small-Cap Growth Equity Fund CL I (MF)
		_____ % (1793)	
_____ % (8957)	Balanced Funds Vanguard Wellington Fund – Admiral (MF)		International Funds NYSDCP International Equity Fund - Active
		_____ % (5025)	NYSDCP International Equity Fund - Passive
_____ % (1789)	Large Cap Funds NYSDCB Equity Index U/A (CIT)	_____ % (5030)	
_____ % (1787)	Boston Partners Large-Cap Value Equity Fund (CIT)		Emerging Markets MSIF Emerging Markets Portfolio – Institutional (MF)
_____ % (1791)	T. Rowe Price Equity Income Trust (CIT)	_____ % (1458)	
_____ % (1792)	T. Rowe Price Blue Chip Growth Trust (CIT)		Specialty Options Pax Environmental Global Markets Fund – Institutional (MF)
_____ % (2765)	Vanguard PRIMECAP Fund – Admiral (MF)	_____ % (1963)	Fidelity OTC Fund – K Shares (MF)
		_____ % (1974)	

100 % (MUST TOTAL 100%)

Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses or factsheets carefully.

AUTHORIZATION

I agree to the terms of the New York State Deferred Compensation Plan. I authorize my employer to deduct the amount or percentage set forth herein until I provide further notice for the purposes of contributing it to my Plan account. I further authorize my employer to process any deferral changes I request through the Plan in the future. Deferrals made by participants who are not New York State residents may be subject to the state income tax in the year deferred in their state of residence. Please read your state income tax instructions carefully.

Participant Signature _____

Date _____

DC-4009-0218

ENROLLMENT APPLICATION

Welcome to the New York State Deferred Compensation Plan. The Plan is a voluntary, long-term retirement savings program designed for your retirement needs. The amount you contribute to the Plan is deducted from your pay and any investment returns grow on a tax-deferred basis.

Contributions to the Plan: The minimum contribution to the Plan is 1% of your gross pay (at least \$10 per pay period). The maximum contribution you may make in 2018 is \$18,500. If you are at least age 50 prior to the end of the current calendar year, you are eligible to contribute a maximum of \$24,500. If you are within four years of the date that you are able to retire without a reduction in pension benefits, you may be eligible to make additional contributions. Contact an Account Executive or HELPLINE Representative at 1-800-422-8463 for more information and the forms to use the higher limits.

Pre-Tax Deferrals: The amount you contribute to the Plan will be deducted from your pay on a pre-tax basis for federal and New York State income tax purposes, thereby reducing your taxable income for the calendar year. The investment returns also grow on a tax-deferred basis and income taxes are paid only when money is withdrawn from the Plan.

Roth Contributions: These deductions are made from your pay on an after-tax basis. Contributions grow tax deferred, but when money is distributed from the Plan, qualifying distributions are not subject to federal or New York State income taxes.

Processing Time Frame: Enrollments are processed upon receipt; however, federal law states that deferrals may not begin before the start of the next calendar month, unless you make your election prior to your first day of service. You may change or cancel your deferral amount at any time, but these changes may also be subject to these timing limits.

Next Steps: Please read the bullets below to understand the basics of the Plan and then complete your application.

I understand that:

- Withdrawals from the Plan may be taken only upon separation from employment, absence due to qualified military service, death, an unforeseeable financial emergency, attainment of age 70½, from an account that has been in inactive status for two years and has a balance of \$5,000 or less (inclusive of any outstanding loan balance but exclusive of assets in a rollover account) or as a loan.
- Participation in the Plan is not intended to replace a regular savings program necessary to cover day-to-day unanticipated financial expenses. Plan distributions for “Unforeseeable Financial Emergencies” are strictly regulated by federal laws. Should I need an unforeseeable emergency distribution, the request must be made in writing and detail the circumstances supporting the financial emergency. If my request is denied, I may appeal to the Review Committee.
- I may enroll in the Plan for the purpose of transferring assets from another 457(b) deferred compensation plan, a 403(b), 401(k), 401(a), Keogh plan, a traditional or rollover IRA without becoming an active participant.
- Unless I have opted for a paper statement, I will receive an email notification when my quarterly statement, Quarterly newsletter and investment performance report are available on the Web site. Please call the HELPLINE promptly with any changes.
- If my employer has opted to allow Roth contributions, contributions to the Roth account may not be reclassified after made. The investment allocation for Roth contributions will be the same as for any pre-tax deferrals. Distributions of Roth contributions must meet the same withdrawal requirements as pre-tax withdrawals.
- There is an administrative fee deducted from my Plan account on a semi-annual basis as outlined in the Plan’s Investment Options Guide. These fees are subject to change.

Information relating to the Plan or a copy of the Plan Document may be obtained by calling the HELPLINE at 1-800-422-8463 or visiting the Plan’s Web site at www.nysdcp.com.

Tips for Completing the Application

State Employees

If you are employed by a State Agency, please see the screen shot below to assist you with identifying the information necessary to complete the application.

This application will require you to include your five-digit Department ID, which is located on the upper left corner of your pay stub, and your NYS Employee ID that is listed next to the Department ID. If you do not have this information, your application cannot be processed.

The screenshot shows a pay stub for Thomas P. DiNapoli, State Comptroller. The background features a repeating pattern of the New York State seal. Callouts in purple ovals point to specific fields: 'Department ID' points to '21220', 'Negotiating Unit' points to '06', 'Pay Rate' points to '55,655.00', and 'Employee ID' points to 'N01302828'.

Thomas P. DiNapoli State Comptroller		Negotiating Unit		Total Gross Fed Taxable Gross	
Advice # 68611589		Pay Start Date 03/01/2012	Negotiating Unit 06	Current YTD 2,457.22	2,457.22
Advice Date 03/26/2012		Pay End Date 03/14/2012	Retirement System ERS	Net Pay 2,175.25	15,655.35
Department ID 21220		NYS EMPLID N01302828	Pay Rate 55,655.00		

Local Employees

If you are employed by a city, town, or library system that contains its own payroll department, the application requires your Local Plan ID. This six-digit number can be obtained by contacting your payroll department or our HELPLINE at 1-800-422-8463.

Deferral Information

State Employees

When entering your deferral amount, you must provide a percentage of your gross pay. This percentage must be a whole number. If you need assistance calculating a percentage for your deferral, please contact our HELPLINE at 1-800-422-8463.

Local Employees

Before completing your application, please check with your employer or our HELPLINE to find out if your employer requires deferrals to be entered as a dollar amount or as a percentage.

100% Deferrals

Please note that if you elect a deferral rate of 100%, you are authorizing the Plan to deduct the remaining balance of your paycheck after all other required pre-tax deductions have been taken. If you are electing this deferral percentage for a lump sum payment to the Plan, it is important to contact the HELPLINE with the exact date of the lump sum payment.

FORM RETURN

Return to: New York State Deferred Compensation Plan
Administrative Service Agency
P.O. Box 182797
Columbus, OH 43218-2797

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

OR

Fax to: 1-877-677-4329

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

DC-4009-0218