



**Nevada Public Employees' Deferred Compensation Program (NDC)
Payroll Contribution Form**

Name_____ Employee ID#_____

Agency_____ Daytime Telephone_____

☐ Change Paycheck Deduction

☐ New Paycheck Deduction
(Must also enroll with provider)

Paycheck Contribution Amount:

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

Check applicable box:

Pre-Tax (Regular)

Post-Tax (Roth)

☐ MassMutual \$ _____

\$ _____

☐ ING \$ _____

\$ _____

If you wish to cancel/suspend current payroll deduction, please indicate \$0.

Check box if applicable*:

☐ *Age 50+ Catch-Up:* Date of Birth ____/____/____

- You must reach age 50 by the end of the calendar year you are electing to use this catch-up provision.

☐ *Special 457(b) Catch-Up Election*

- You must include a copy of the investment provider calculation sheet submitted to the provider to ensure eligibility.

*Please note that you cannot use both the Age 50+ and the Special Catch-up provision at the same time. You need to choose the option most beneficial to you.

Effective Date: This agreement will be effective the first full payroll period of the month following the date this form is received and processed by the payroll department.

Signature_____ Date_____

**Please send the completed form to
your payroll office or fax to NDC @ 775.684.3399**

Contact the NDC Office at 775.684.3397 or deferredcomp@defcomp.nv.gov

Contact MassMutual @ 1.888.457.7824

Contact ING @ 1.866.464.6832