

State of New York
OFFICE OF THE STATE COMPTROLLER
TIAA ACTION REQUEST

TO: NEW YORK STATE OFFICE OF THE STATE COMPTROLLER,
PAYROLL DEDUCTIONS & TAX COMPLIANCE SECTION

FROM: AGENCY NAME _____
AGENCY CODE _____

EMPLOYEE'S NAME (last, first, middle initial, suffix)

NYS EMPL ID

LAST 4 DIGITS OF SSN

HIRE DATE

EMPLOYEE SIGNATURE DATE

CHECK APPROPRIATE BOX FOR ENROLLMENT:

- A new employee does not own a contract – begin suspense period.
- A new employee already owns a contract – begin contributions.
- A State employee who is an ERS/TRS member and has been moved to an eligible position.

1. PRIOR RETIREMENT PLAN PROVIDER:

- TIAA FIDELITY VALIC VOYA ERS TRS

a. PRIOR ELECTION DATE: _____

b. CONTRACT NUMBER/REGISTRATION NUMBER, IF ANY: _____

2. PREVIOUS SERVICE IF ANY – LIST
EMPLOYER'S NAME(S) AND
INCLUSIVE DATES:

PREVIOUS EMPLOYER	EMPLOYMENT BEGIN DATE	EMPLOYMENT END DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. SUNY AFFILIATED COMMUNITY COLLEGE? YES NO

CUNY AFFILIATED COMMUNITY COLLEGE? YES NO

a. BREAK IN SERVICE? YES NO

TERMINATION DATE

REHIRE DATE

AGENCY APPROVAL:

A PORTION OF THE EMPLOYEES SUSPENSE PERIOD IS BEING WAIVED YES NO

I HAVE VERIFIED ALL PRIOR SERVICE WITH APPROPRIATE RETIREMENT PLAN PROVIDER(S).

APPROVED ELECTION DATE: _____

AGENCY AUTHORIZED SIGNATUE

DATE