



**Waiver of Membership in New York State  
Voluntary Defined Contribution Plan (401a)**

I have been informed that due to my full-time, permanent status, I **must** join one of the mandatory retirement plans within 30 days of my hire date according to NYS Retirement & Social Security Law. By signing this form, I acknowledge that I am waiving coverage in the Voluntary Defined Contribution Plan 401(a).

I understand that once I enroll in the New York State Employee Retirement System, I'm not able to switch my retirement plan election.

Are you receiving or are you about to begin receiving a retirement benefit from any retirement system on the basis of employment with New York State or any public entity in the State?       YES       NO

If yes, what is the name of the retirement system? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)