



FICA Alternative Information Sheet

Basic Facts about FICA Alternative and the Deferred Compensation Plan

As a part-time, seasonal or temporary employee of the State of Nevada, the Nevada System of Higher Education (NSHE), or an Alliance Partner, you are required to participate in the State of Nevada FICA Alternative Deferred Compensation Plan ("Plan"), if you were hired on or after January 1, 2004. FICA is the Federal Insurance Contributions Act. The Plan is an alternative to Social Security coverage as permitted by the federal Omnibus Budget Reconciliation Act of 1990 ("OBRA"). By virtue of participating in the Plan, you, as a FICA Alternative employee, are not subject to tax on compensation under the Old Age, Survivors and Disability Income portion of FICA. You will be subject to the Medicare portion of FICA.

Mandatory Contributions

As a FICA Alternative employee, you will be automatically enrolled in accordance with the default enrollment process your employer has established, and you must contribute 7.5% of your gross compensation per pay period to the Plan. Your contributions are made on a tax deferred basis. This means that your contributions are not subject to federal or state income tax at the time they are made. You will be taxed on the value of your contributions (including any earnings) when you receive a distribution of your benefits from the Plan.

Unless your status as a FICA Alternative employee changes, you may not stop or reduce mandatory contributions to the Plan. No additional contributions are permitted under the Plan.

Fees

Accounts over \$25.00 will be assessed a monthly fee of \$0.65. This charge covers the set-up and maintenance of your account.

Funding Option

As required by OBRA, the Plan must limit its investment options to investments that provide for a fixed rate of return. When you are enrolled with Voya Retirement Insurance and Annuity Company (VRIAC), your contributions are automatically invested in the Voya Fixed Account - 457/401 II. The Voya Fixed Account - 457/401 II is a group collective investment trust that holds a diversified portfolio of stable value products.

Distributions

Distribution of your Plan benefits can only be made upon your:

- Severance from employment
- Death
- Attainment of age 70 ½ (whether or not you are still employed).

A severance from employment occurs when you voluntarily or involuntarily terminate. A leave of absence is not a severance of employment. If you experience a change from part-time to full-time employment (or any similar change) you may be eligible to transfer your benefits under the FICA Alternative Plan to the Nevada Public Employees Deferred Compensation Program. Otherwise, the Plan does not provide for withdrawals while you are still employed.

When you sever employment or die, your benefits will be payable to you or your beneficiary in accordance with the payment options provided under the Plan. You may elect to receive your distribution immediately upon severance of employment or defer payment to a later date. Your benefits will become taxable when received.

Statements

Statements are mailed annually in January, showing a summary of all transactions within your account for the previous year.

Keep your information current

In order for Voya® to service your account and send you statements, please keep your address current.

To update your address or inquire about your account, contact a Customer Service Associate at **(800) 584-6001**, 5:00 a.m. to 6:00 p.m. PT, Monday through Friday. You can also review your account online at nevada.beready2retire.com.

If you haven't named a beneficiary or if your information is no longer current, now is the time to update it. You can update or provide your beneficiary information by logging on to your personal retirement account and selecting go to my account > personal information > beneficiary information. You can also request a form by contacting the local office at (866) 464-6832.

Accessing Your Account

Visit us online!

You can access your account online 24 hours a day, seven days a week. To access your account, visit: nevada.beready2retire.com.

New user?

You will need to enter your Social Security number and PIN the first time you log in. Your default PIN is initially set as the four-digit month and year of your birth (MMYY). You will then be asked to create a personalized Username and password for ongoing use.

Returning user?

- 1) Enter your Username and password
- 2) Click "Enter"

If you forgot your password, you can select a new one by choosing the "Forgot Your Password" option.

If you forgot your Username, contact a Voya Customer Service Associate at (800) 584-6001.

Give us a call!

Automated Service is available toll-free, 24 hours a day, seven days a week. Customer Service Associates are available 5:00 a.m. to 6:00 p.m. PT, Monday through Friday.

At any time you may press

- 9 to exit
- 0 at any time to speak to a Customer Service Associate

For special needs assistance:

Toll-free AT&T Relay Customer Service is available for deaf, hard of hearing and/or vision-impaired customers wishing to access their account. AT&T Relay Customer Service will connect with the Voya Retirement Readiness Service Center.

(800) 855-2880 (TDD)
(800) 855-2882 (ASCII)
(800) 855-2883 (Telebraille)

Special note on PINs for multiple accounts

Please note: if your PIN information differs across your accounts, you will need to log in to each account separately when accessing your account by phone.

Insurance products, annuities and funding agreements are issued by Voya Retirement Insurance and Annuity Company ("VRIAC"), Windsor, CT. VRIAC is solely responsible for its own financial condition and contractual obligations. Plan administrative services provided by VRIAC or Voya Institutional Plan Services LLC ("VIPS"). VIPS does not engage in the sale or solicitation of securities. All companies are members of the Voya family of companies. **Securities distributed by Voya Financial Partners LLC (member SIPC) or third parties with which it has a selling agreement.** All products and services may not be available in all states.

Nevada Deferred Compensation is not affiliated with Voya.

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FICA Alternative Plan Enrollment Form

Nevada Public Employees' Deferred Compensation Program

Name _____ Employee ID# _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____
(mm/dd/yyyy) (mm/dd/yyyy)

Agency _____ SS# _____

Work Telephone _____ Home Telephone _____

Paycheck Deduction Amount:

7.5% Mandatory Salary Reduction - Amounts deducted will be invested in
The Voya Fixed Account.

This Agreement is made between me, the Participant, and my Employer with respect to my participation in the Nevada Deferred Compensation FICA Alternative Plan. I understand that I am required to contribute at a rate of 7.5% until my status as a FICA Alternative Employee is otherwise changed, as permitted by the Plan. Additionally, I acknowledge that this is a non-elective contribution and a term of my employment. I also acknowledge that an Administrative Fee(s) may be assessed to my account, and acknowledge the distribution options outlined in the Plan Document.

A beneficiary form is mandatory and must be completed and received by Voya Financial in order to set up your account.

Signature _____

Date _____

Please send the completed forms to your payroll office.

BENEFICIARY DESIGNATION – NON-ERISA

Voya Retirement Insurance and Annuity Company (“VRIAC”)
 Voya Institutional Plan Services, LLC (“VIPS”)
 Members of the Voya™ family of companies
 One Orange Way, Windsor, CT 06095-4774
 Phone: 800-584-6001



As used on this form, the term “Voya,” “Company,” “we,” “us” or “our” refer to VRIAC or VIPS as your plan’s funding agent and/or administrative services provider. Contact us for more information.

For immediate assistance in designating or changing your beneficiary designation please call our Customer Service Center at 800-584-6001. If you contact the Customer Service Center via the 800 number you do not need to complete this form to designate your beneficiary.

GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location.

REQUEST TYPE

Initial Designation Change to Designation

1. PLAN INFORMATION (Required)

Plan Name State of Nevada FICA Alternative Deferred Compensation Plan Billing Group/Plan # 666782

2. ACCOUNT HOLDER INFORMATION (Required)

Name (last, first, middle initial) _____ SSN (Required) _____

Work Phone (Include extension.) _____ Home Phone _____

3. BENEFICIARY INFORMATION (Changes must be initialed by the Account Holder.)

Subject to the terms of my Employer’s Plan, I request that any sum becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under my Employer’s Plan. (All designations must be in whole percentages. Total percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary, if designated. Example: 33%, 33%, 34%.)

	Enter Complete Legal Name, Address and Phone #	Date of Birth (mm/dd/yyyy)	Relationship	SSN	Percentage of Benefit
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

(Beneficiaries continued on next page.)

3. BENEFICIARY INFORMATION (Continued)

	Enter Complete Legal Name, Address and Phone #	Date of Birth (mm/dd/yyyy)	Relationship	SSN	Percentage of Benefit
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Please check if additional beneficiaries are noted on the back of this form and follow same format as above.

4. SIGNATURES

Unless otherwise noted:

- If more than one Beneficiary is designated, payment will be made in the percentages designated (or in equal shares) to the **Primary Beneficiaries** who survive the Account Holder or Annuitant. Or, if none survives the Account Holder or Annuitant, payment will be made in the percentages designated (or in equal shares) to the **Contingent Beneficiaries** who survive the Account Holder or Annuitant.
- If no Beneficiary survives the Account Holder or Annuitant, payment will be made pursuant to the terms of the Plan.
- If you name an Estate or Trust as beneficiary, contact your Plan Administrator for more information.

Account Holder Signature _____ Date (mm/dd/yyyy) _____

City and State Where Signed _____

Witness Name (Please print.) _____

Witness Signature _____ Date (mm/dd/yyyy) _____

(Participant's signature must be witnessed. Witness must be a person of legal age other than designated beneficiary. The witness need not be a Notary Public.)

MAIL OR FAX INSTRUCTIONS (Please keep a copy for your records.)

Please return the completed form to: Voya Retirement Insurance and Annuity Company
PO Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143