

**SAMPLE**  
**MODEL PLAN**  
**FILING**  
**DOCUMENTATION**  
**PACKAGE**

Based upon Section 9002.2 of the "Rules and Regulations" of the New York State Deferred Compensation Board Effective June 15, 2011

Mail completed documentation package to:

Rohdel Green  
C/O Commissioner Jerry Boone  
NYS Civil Service  
Alfred E. Smith State Office Building  
Employee Benefits Division  
Albany NY 12239

# Cover letter & employer contact -

## PLAN SPONSOR LETTERHEAD

DATE

Commissioner Jerry Boone  
NYS Civil Service  
Alfred E. Smith Office Building  
Albany NY 12239

Dear Mr. Boone:

We are submitting the following documentation to establish or to amend and update the PLAN SPONSOR NAME's deferred compensation Model Plan. These documents are being filed as required by Subtitle II, Section 9002.2(a) of the *Rules & Regulations* of the New York State Deferred Compensation Board.

If you have any questions concerning this submission please contact NAME OF CONTACT PERSON at NAME OF PLAN SPONSOR or at NAME OF ADMINISTRATIVE SERVICE AGENCY on (---)--- ----. Also, please send a copy of the acknowledgement letter to the following:

NAME  
TITLE  
ADDRESS (or say use letterhead address)

Sincerely,

---

NAME (typed out)  
TITLE

Attachments

# Certifications #3 & #4 -

## PLAN SPONSOR LETTERHEAD

DATE

- 1. MODEL PLAN DOCUMENT including amendments through February 22, 2013 - ATTACHED
- 2. TRUST AGREEMENT - ATTACHED
- 3. CERTIFICATION 9002.2a (3)

(i) We, on behalf of the PLAN SPONSOR NAME, are aware that there are three options available for adopting a Deferred Compensation Plan as described in Section 9001.2(a) of the *Rules & Regulations*, that we have made an informed choice in adopting such plan, and that we understand the ongoing responsibilities being undertaken by adopting such a plan, including and without limitation, the *Regulations*, Section 457 of the Internal Revenue Code and the Model Plan Document;

(ii) that the Deferred Compensation Plan and Trust Agreement meet the requirements of Section 457 of the Internal Revenue Code and all other applicable Federal, State and local laws including Subtitle II *Regulations*; and

(iii) that all required approvals of any local governing body or officer have been obtained.

- 4. CERTIFICATION 9002.2a (4)

The following contractors, who are providing deferred compensation services for the PLAN SPONSOR NAME, have been duly selected to provide these services in accordance with the provisions of Part 9003 of the *Regulations*:

Administrative Service Agency: \_\_\_\_\_

Financial Organization: \_\_\_\_\_

Trustee: \_\_\_\_\_

\_\_\_\_\_  
 NAME (typed out - CEO) Date  
 TITLE

\_\_\_\_\_  
 NAME (typed out - CFO) Date  
 TITLE

# Proof of insurance -

## 5. CERTIFICATE OF INSURANCE - ATTACHED

(Covering the ADMINISTRATIVE SERVICE AGENCY showing insurance company name, amount, insurance type, date of coverage, and having the PLAN SPONSOR NAMED as certificate holder.)

## CERTIFICATE OF INSURANCE - ATTACHED

(Covering the FINANCIAL ORGANIZATION showing insurance company name, amount, insurance type, date of coverage, and having the PLAN SPONSOR NAMED as certificate holder.)

## CERTIFICATE OF INSURANCE - ATTACHED

(Covering the TRUSTEE showing insurance company name, amount, insurance type, date of coverage, and having the PLAN SPONSOR NAMED as certificate holder.)

## CERTIFICATE OF INSURANCE - ATTACHED

(Covering plan CONSULTANT showing insurance company name, amount, insurance type, date of coverage, and having the PLAN SPONSOR NAMED as certificate holder.)

(NOTE: In many cases, the same insurance will cover more than one of the service providers. In that situation, one certificate can be used for multiple contractors by including all contractor names in the insured's name section on the Certificate of Insurance.)

# Fiduciary indemnification bonding statement -

ADMINISTRATIVE SERVICE AGENCY LETTERHEAD

DATE

6a. ADMINISTRATIVE SERVICE AGENCY NAME is a fiduciary and is acting in a fiduciary capacity and responsible under Section 9003.6 and 9002.2(6) of the *Regulations* and Section 457 of the IRC for the administration and/or investment of any assets entrusted to them by any plan established by the PLAN SPONSOR NAME. The PLAN SPONSOR NAME will be indemnified as a result of any cause of action brought against it as a result of any acts or omissions on the part of such ADMINISTRATIVE SERVICE AGENCY NAME together with the reasonable costs of litigation arising therefrom.

(If applicable, the following statement should be added here:)

Since the insurance coverage on ADMINISTRATIVE SERVICE AGENCY NAME in behalf of the PLAN SPONSOR NAME is less than \$25 million, we hereby state that the current bonding in effect on behalf of this deferred compensation plan represents 100 percent of the amount of funds being managed, administered, or held by ADMINISTRATIVE SERVICE AGENCY NAME.

\_\_\_\_\_  
NAME (typed out)  
TITLE (officer of the ASA)  
ADMINISTRATIVE SERVICE AGENCY NAME

\_\_\_\_\_  
Date

# Fiduciary indemnification bonding statement -

FINANCIAL ORGANIZATION LETTERHEAD

DATE

6b. FINANCIAL ORGANIZATION NAME is a fiduciary and is acting in a fiduciary capacity and responsible under Section 9003.6 and 9002.2(6) of the *Regulations* and Section 457 of the IRC for the administration and/or investment of any assets entrusted to them by any plan established by the PLAN SPONSOR NAME. The PLAN SPONSOR NAME will be indemnified as a result of any cause of action brought against it as a result of any acts or omissions on the part of such FINANCIAL ORGANIZATION NAME together with the reasonable costs of litigation arising therefrom.

(If applicable, the following statement should be added here:)

Since the insurance coverage on FINANCIAL ORGANIZATION NAME in behalf of the PLAN SPONSOR NAME is less than \$25 million, we hereby state that the current bonding in effect on behalf of this deferred compensation plan represents 100 percent of the amount of funds being managed, administered, or held by FINANCIAL ORGANIZATION NAME.

\_\_\_\_\_  
NAME (typed out)  
TITLE (officer of the FO)  
FINANCIAL ORGANIZATION NAME

\_\_\_\_\_  
Date

# Fiduciary indemnification bonding statement -

TRUSTEE'S LETTERHEAD (for corporation trusted)

Or

PLAN SPONSOR LETTERHEAD (for self trusted)

DATE

6c. TRUSTEE NAME is a fiduciary and will be acting in fiduciary capacity and responsible under Sections 9003.6 and 9002.2(6) of the *Regulations*, Section 457 of the IRC and under Federal, State and common trust law principles with respect to all trusteeship matters involving the administration, investment, or handling of any assets entrusted to them by any plan established by the PLAN SPONSOR NAME, and that the PLAN SPONSOR NAME will be indemnified as a result of any cause of action brought against it as a result of any acts or omissions of TRUSTEE NAME together with the reasonable costs of litigation arising therefrom.

(If applicable, the following statement should be added here:)

Since the insurance coverage on TRUSTEE NAME in behalf of the PLAN SPONSOR NAME is less than \$25 million, we hereby state that the current bonding in effect on behalf of this deferred compensation plan represents 100 percent of the amount of funds being managed, administered, or held by TRUSTEE NAME.

(Corporate trusted:)

\_\_\_\_\_  
NAME (typed out)  
TITLE (officer of the trustee)  
TRUSTEE CORPORATE NAME

\_\_\_\_\_  
Date

(Self trusted:)

\_\_\_\_\_  
NAME (typed out)  
TITLE  
PLAN SPONSOR NAME

\_\_\_\_\_  
Date

**FOR QUESTIONS ON**  
**"SAMPLE FILING PACKAGE"**  
**Or the**  
**"FILING, REVIEW &**  
**ACKNOWLEDGEMENT PROCESS"**:

Rohdel Green  
NYS Civil Service  
Alfred E. Smith Office Building  
Albany NY 12239

Phone: (518) 485-1771

Email: [rohdel.green@cs.state.ny.us](mailto:rohdel.green@cs.state.ny.us)