

# LEAVE OF ABSENCE REQUEST

Voya Retirement Insurance and Annuity Company ("VRIAC")  
Voya Institutional Plan Services, LLC ("VIPS")  
Members of the Voya® family of companies  
PO Box 990063  
Hartford, CT 06199-0063  
Phone: 800-584-6001 Fax: 800-643-8143



As used on this form, the term "Voya," "Company," "we," "us" or "our" refer to your plan's funding agent and/or administrative services provider. That entity is either VRIAC or VIPS. Contact us for more information.

## 1. PARTICIPANT INFORMATION

Participant Name (*last, first, middle initial*) \_\_\_\_\_ SSN (**Required**) \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone (*include extension*) \_\_\_\_\_ Home Phone \_\_\_\_\_

Plan Name \_\_\_\_\_ Plan # \_\_\_\_\_

## 2. TERMS AND CONDITIONS OF LEAVE OF ABSENCE

- Payroll deductions for loan repayments will be suspended for the term appropriate to the leave type.
- Loan repayments must resume upon the leave end date; you must notify your employer to resume payroll deduction of loan repayments immediately upon reaching the leave end date.
- Loan repayments deferred during the leave of absence will be recalculated at an amount that is not less than the previous payments. Alternatively, you may make one lump sum payment, due immediately upon the leave end date, to repay the deferred amount. Please contact your employer one month prior to the leave end date to discuss your repayment options.
- The terms and conditions of your Loan Agreement will remain in full force and effect during the leave of absence period.

### Check one of the following boxes:

Routine Leave

- Loan repayments may be suspended until the original loan maturity date, or for up to 365 days from the Leave Effective Date, whichever is earliest.
- If a loan matures while a routine leave of absence is active, the outstanding loan balance will be payable at the end of the grace period, not on the leave end date. If payment is not received by the end of this grace period, **the entire outstanding loan balance will be in default and reportable to the Internal Revenue Service as a taxable distribution.**

Leave Effective Date (*mm/dd/yyyy*) \_\_\_\_\_ Leave End Date (*mm/dd/yyyy*) \_\_\_\_\_

Length of Leave (*in months*) \_\_\_\_\_

Military Leave

- The military leave of absence may extend beyond the original loan maturity date and beyond 365 days from the military Leave Effective Date.
- The new loan maturity date will be determined by adding the length of the military leave of absence to the original loan maturity date.

Leave Effective Date (*mm/dd/yyyy*) \_\_\_\_\_ Leave End Date (*mm/dd/yyyy*) \_\_\_\_\_

Length of Leave (*in months*) \_\_\_\_\_

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**3. PARTICIPANT ACKNOWLEDGEMENT AND SIGNATURE** *(This section must be signed by the Participant.)*

I have read, understand, and agree to be bound by the Terms and Conditions of this Leave of Absence Request Form. The information provided on this form, including the Social Security Number, is complete and accurate.

Participant Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

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**4. CERTIFICATION** *(This section must be signed by your Employer or other Plan Fiduciary.)*

\_\_\_\_\_ *(Authorized Plan Representative - please print)* agrees that the employer sponsoring the Plan (listed above) shall hold VRIAC harmless and shall be responsible for any and all losses arising from the direction provided on this form and VRIAC's performance *(or non-performance)* in accordance with this direction, unless such losses are due to VRIAC's negligence, willful misconduct or bad faith. The Employer shall remain solely liable for all obligations and benefits payable under the terms of the Plan and applicable law.

I certify to the following:

- The requested leave of absence is permitted by the Plan; the Participant is an active employee under the Plan; and the leave of absence and dates are accurate.
- I understand that payroll deductions for loan repayments must be resumed when the leave ends, and the Voya Plan Manager should be contacted to determine how missed loan repayments will be made up.

Authorized Plan Representative Signature **(Required)** \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_