



457(b) DEFERRED COMPENSATION / 401(a) MATCH
VOLUNTARY PROGRAM – FORM



F.O.P. Sworn

Beginning January 1, 2020, employees covered by the FOP Sworn Collective Bargaining Agreement are eligible to elect and/or change participation in the County's 457(b) Deferred Compensation / 401(a) Match Voluntary Program a/k/a Voluntary Deferred Compensation Match Program ("401(a) matching program").

Employees NOT eligible for longevity pay: Please select ONE:

_____ **YES** – I would like to participate in the 401(a) matching program.

_____ **NO** – I do NOT want to participate in the 401(a) matching program at this time.

Employees eligible for longevity pay: You have several choices on ways to participate in, or opt-out of, this voluntary program. If you would like to participate in, or opt-out of, the 401(a) matching program, please check the appropriate response below. **~SELECT ONLY ONE OPTION~**

_____ **Current Longevity/Opt-Out of 401a** – Retain my current longevity schedule and receive my future longevity payments as part of my regular paycheck. This means I am not eligible to participate in the County's 401(a) matching program at this time.

_____ **Current Longevity to 401(a)** – Retain my current longevity schedule, however, I would like the County to contribute my future longevity payments to my 401(a) account. All future longevity payments must go to my 401(a) account during the remainder of my employment with the County and I am not eligible to participate in the County's 401(a) matching program.

_____ **MAINTAIN previous election of: Cut Longevity (\$300)/ Receive reduced longevity as Pay** – Cut my future longevity payment amounts to be eligible to participate in the County's 401(a) matching program but receive my future longevity payments as part of my regular paycheck. (County match: up to \$1040 per calendar year).

_____ **MAINTAIN previous election of: Cut Longevity (\$300)/ Direct reduced longevity into 401(a)** – Cut future longevity payment amounts to be eligible to participate in the County's 401(a) matching program AND the County will contribute future longevity payments to my 401(a) account. All future longevity payments must go to my 401(a) account during the remainder of my employment with the County. (County match: up to \$1040 per calendar year).

_____ **CHANGE: Cut Longevity (\$450) / Receive reduced longevity as Pay** – Cut my future longevity payment amounts to be eligible to participate in the County's 401(a) matching program but receive my future longevity payments as part of my regular paycheck. (County match: up to \$1560 per calendar year).

_____ **CHANGE: Cut Longevity (\$450) / Direct reduced longevity into 401(a)** – Cut future longevity payment amounts to be eligible to participate in the County's 401(a) matching program AND the County will contribute future longevity payments to my 401(a) account. All future longevity payments must go to my 401(a) account during the remainder of my employment with the County. (County match: up to \$1560 per calendar year).

EMPLOYEE: a) Print and sign below and b) return to Human Resources to start the process.

Employee Name (Please Print)

Employee Signature

Date

INTERNAL USE ONLY

HR: Verify Eligibility: / HR: Adjust Longevity Worksheet / Payroll: Deduction(s) applied