



SUFFOLK COUNTY

PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

Labor and Management Working as One

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County Personnel Director

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Deputy Sheriff's Police Benevolent Assoc.

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Association of Municipal Employees

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Donald Grauer
Probation Officers Association

Michael Koubek
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Terry Maccarrone
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Douglas Miller
Director of Management Information Svcs.

Beth Reynolds
Deputy Budget Director

Kristine Sciangula
Plan Administrator

Michael Simonelli
Police Benevolent Association

Robert Varrichio
Correction Officers Association

PROGRAM PROVIDER
T. Rowe Price
1-888-457-5770

Kristine Sciangula
Plan Administrator

Please contact your Board representative (listed below) before starting to complete the **Accruals (SCAT) Check Deferral Form**:

Association of Municipal Employees – Linda Brown

AME Office: 631-589-8400

Email: LBrown@scame.org

Correction Officers Association – Robert Varrichio

Office: 631-852-7035

Email: Robert.Varrichio@suffolkcountyny.gov

Deputy Sheriff's PBA – John Della Rocca

Office: 631-853-6110

Email: John.Dellarocca@suffolkcountyny.gov

Detective Investigators – John Keary

SDI Office: 631-244-9212

Email: scdipba@gmail.com

Detectives Association – Jeffrey Cergol

SDA Office: 631-563-4408

Email: jcergol@scdets.com

Police Benevolent Association – Michael Simonelli

Phone: 631-609-5490

Email: msimonelli@suffolkpba.org

Probation Officers Association – Don Grauer

Office: 631-852-2901

Email: Donald.Grauer@suffolkcountyny.gov

Superior Officers Association – Michael Koubek

SOA Office: 631-654-0400

Email: mjkoub@gmail.com

MANAGEMENT & BOE – Leave a message for a call back on the Deferred Compensation line at 631-853-5424.

SUFFOLK COUNTY PUBLIC EMPLOYEES DEFERRED COMPENSATION PLAN

www.scdeferredcomp.org

Accruals (SCAT) Check Deferral Form
2019

This form is to be used by employees who are severing County employment and wish to defer the balance of their maximum Normal contributions, Age 50+ and Catch Up contributions (if eligible) from their accruals check. In order to qualify, you must be an active member in the Plan for at least three months.

NOTE: Participants can only contribute to either Catch-up or age 50 plus contributions

Table with 5 columns: Year, Normal, Catch-up*, OR, Age 50 Supplement. Row 1: 2019, \$19,000, \$19,000, \$6,000

*You must submit Pages 2 & 4 of your New York State and Local Retirement System Member Annual Statement with this application if you are applying to have your catch up contributions deferred from your SCAT check. This statement is sent to you each summer. You can obtain the pertinent information online at www.osc.state.ny.us/retire. You must first apply for a pin number, which will be mailed to you, by clicking on "Sign up for Retirement Online".

The amount you specify below will be taken from your accruals (SCAT) check and forwarded to your deferred compensation provider. After meeting with your Board Representative to complete this form, you should return it to the Board (address below) 30 days prior to the date you are retiring/separating from County service to ensure proper processing. This form must be received at the address below on or before your date of severance.

Suffolk County Public Employees Deferred Compensation Board, c/o Civil Service, Building #158 P.O. Box 6100, Hauppauge, New York 11788-0099 via U.S. mail.

Name, Social Security # (Last 4), Date of Birth, Address, Department, Retirement System, Date of Severance, Work Phone, Home Phone

Please place a check mark before your bargaining unit:

- AME, CORRECTION OFFICERS, DEPUTY SHERIFFS, DETECTIVE INVESTIGATORS, DETECTIVES, MANAGEMENT, PBA, PROBATION OFFICERS, SOA, OTHER

ALL INFORMATION MUST BE FILLED IN OR IT WILL RESULT IN A DELAY OF PROCESSING THIS APPLICATION.

Complete either the **Retirement Catch Up** OR **Age 50+ Supplement** OR **Balance of Normal Contribution** section below. You must sign and date the form below.

Retirement Catch-up

Once your application is submitted, a County produced report of your deferred compensation contributions to this plan since 1990 (based on our payroll records) will be generated and attached to this form. The information contained on that report and a copy of the payroll records for 1986 to 1989 would be used to determine whether you are eligible for the catch-up contribution amount you are requesting.

If you work (or worked) for another municipality, including Suffolk Community College and contributed to their government 457(b) or 403(b) Plan during any years you contributed to our government 457(b) Plan, please submit W-2s for those years.

The retirement “catch-up” provision of our 457 Plan permits you to increase the maximum amount you may contribute in each of the three years before the year in which you reach your “Normal Retirement Age.” Normal Retirement Age (NRA) is any age designated by you beginning no earlier than the age in which you may retire with full pension benefits up until age 70 ½. If you are not in the pension system, your NRA may not be earlier than age 65 nor later than age 70 ½.

The designation of a NRA by the participant is used solely to determine eligibility for the catch-up provision and establish the years during which catch-up deferrals may be made. The designation of a NRA neither requires the participant to retire in that year nor does it prohibit the participant from retiring in any of the three years that immediately precede NRA. However, the Internal Revenue Code (IRC) and the IRS Rules prohibit catch-up deferrals in the year the participant designates as his or her NRA.

Your eligibility for catch-up depends upon the contributions for previous years in which you were eligible to participate in this Plan, but did not contribute the maximum amount. You can print a “PHAROS” report, found on our website, www.scdeferredcomp.org, to determine your under-utilization of contributions.

The absolute maximum deferral for catch up is twice the applicable regular contributions limit for the year. This means that the total 457 Plan deferrals (normal contributions plus retirement catch-up) may not exceed \$38,000 in 2019. If you wish to take advantage of the retirement catch-up provision, you should contact your Board representative who will assist you in the preparation of this application.

Please designate your Normal Retirement Age: _____

____ I elect to have my balance of normal contributions and catch up contributions (if eligible) deducted from my SCAT check **OR** deduct \$_____ from my SCAT check.

Age 50+ Supplement from SCAT

This section is to be used by employees who are severing County employment and wish to defer the balance of their maximum Normal contributions and age 50 + contributions (if eligible). **You must be an active member of the Plan for a minimum of three months.** The maximum annual normal contribution limit for participants born on or after January 1, 1970 is \$19,000 in 2019. Participants born on or before December 31, 1969 may make additional contributions equal to \$6,000. The age 50 + contribution limit will automatically be added to the normal contribution deferral limit if your date of birth qualifies you for the additional amount. Age 50 Plus Contributions may not be used during the three year period in which you have been approved for retirement catch-up contributions.

____ I elect to have the following amount deducted \$ _____ (indicate "maximum" or a dollar amount - cannot exceed \$25,000)

Balance of Normal Contributions from SCAT

Complete this section if you wish to defer ONLY the balance of your Normal Contributions from your SCAT check.

____ I elect to have the following amount deducted \$ _____ (indicate "maximum" or a dollar amount - cannot exceed \$19,000)

Please read this section and sign and date it:

Submission of this form serves as authorization for the amount to be taken from my accruals check. The above information is true and accurate to the best of my knowledge. I understand that the Deferred Compensation Board will verify the information I provided on this form. If my calculations are in error, I authorize the Board to adjust my calculations to comply with the guidelines. If the figures exceed the maximum contribution allowed and/or should the gross amount of my SCAT check and/or my age makes me ineligible for the amount I am requesting, an adjustment will be made. I also understand that failure on my part to accurately and completely provide information requested by the Board to determine my eligibility will result in a delay in the processing of this request. Any requests to amend this application must be submitted in writing to the Board. I certify that I have been an active participant in the Plan for at least three months.

I understand that the County must submit the deferral to the provider the later of 2 ½ months from separation or the end of the calendar year. Failure to remit the deferral within this time frame will void this authorization.

By signing below, I acknowledge that I have read, understand, and agree to the participation requirements as set forth above.

Participant Signature _____ **Date** _____

Board Representative Signature _____ **Date** _____
(REQUIRED – See Rep Contact Information on 1st Page)

Office use:
Date Rec'd _____ Reviewed by _____ Approved _____ Initials _____ 12/26/18