



SUFFOLK COUNTY

PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

Labor and Management Working as One

Alan Schneider
Chair
County Personnel Director

John Della Rocca
Vice Chair
Deputy Sheriff's Police Benevolent Assoc.

John Keary
Treasurer
Detective Investigators Association

Leslie Baffa
Director of Risk Management

Lynne Bizzarro
Chief Deputy County Attorney

Christina Blake
Administrator III

Linda Brown
Association of Municipal Employees

Jeffrey Cergol
Detectives Association

Stefanie Ennis
Secretary to the Board
Assistant to Personnel Officer

Donald Grauer
Probation Officers Association

Michael Koubek
Superior Officers Association

Deirdre Lepore
Director of Payroll Services

Terry Maccarrone
Coordinator of Community Based Programs

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 **Application for Retirement Catch Up 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.sdeferredcomp.org

Application for Retirement Catch-Up

If you wish to contribute money in excess of your annual normal contribution, please complete the attached application and return as specified below. Please remember that the first amount in the year 2019 is the normal contribution level in that year and any contributions **in excess** of normal contributions are categorized as catch-up contributions. **You must be an active member of the Plan for at least three months. You must submit a complete copy of your New York State and Local Retirement System Member Annual Statement with this application. This statement is sent to you every year in the 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".**

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

<u>Year</u>	<u>Normal</u>		<u>Catch-up</u>		<u>Age 50 catch-up</u>
		+		OR	
2019	\$19,000		\$19,000		\$6,000

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.

Note: If you work (or worked) for another municipality, including Suffolk County Community College and contributed to their government 457(b) Plan during any years you contributed to our government 457(b) Plan, please document those contributions. If you already elected a catch-up provision while with a previous employer or you have always contributed the maximum contribution amount to the plan and therefore you have no underutilized contributions, you may not elect retirement catch-up.

After meeting with your Board Representative to complete this form, please return the completed form to the 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 _____
 _____ 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 _____

.....
Please note: Your catch-up contributions in any calendar year will only start once you have reached the maximum in normal contributions for that calendar year. Although you can contribute to catch-up for only one year, or for two years or for the maximum time limit of three years, please note that catch-up contributions may be made during three consecutive calendar years.

Retirement Catch-up

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.sdeferredcomp.org to determine your under-utilization of contributions.

The absolute maximum deferral for each of the three years 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 the year in which you attain your Normal Retirement Age _____ (see 1st & 2nd paragraphs above)

RETIREMENT CATCH-UP OPTION

State the year(s) and amount annual Catch-up Contributions you wish to make. If you wish to defer the maximum, please write “maximum” under the column Annual Catch-up Amount

Year	Annual Catch-up Amount
	\$
	\$
	\$

You will be notified by mail as to the amount approved for catch-up. It is your responsibility to contact your provider to increase the amount of your bi-weekly contribution up to the amount approved. **Please note, if you do not change your bi-weekly contribution, it will remain unchanged.**

The deferral limits on this form may change in the future. The 2020 limits will be announced in the fall of 2019. **The above information is true and accurate to the best of my knowledge. I understand that by signing the application I am affirming that I am within 3 years of my normal retirement age without any actuarial reduction and that I have been an active participant in the Plan for at least three months. Further, 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. 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. I understand that I must contact the provider in order to change my contribution amount. I understand that any requests to amend this application must be submitted in writing to the Board.**

Signature _____ **Date** _____

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

For Office Use Only: Date Received _____ Date Reviewed _____ Approved _____ Int'l _____ rev 12/26/18