



# SUFFOLK COUNTY

## PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

Labor and Management Working as One

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Association of Municipal Employees

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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 Military Service Catch-Up**:

**Association of Municipal Employees** – Linda Brown

AME Office: 631-589-8400

Email: [LBrown@scame.org](mailto:LBrown@scame.org)

**Correction Officers Association** – Robert Varrichio

Office: 631-852-7035

Email: [Robert.Varrichio@suffolkcountyny.gov](mailto:Robert.Varrichio@suffolkcountyny.gov)

**Deputy Sheriff's PBA** – John Della Rocca

Office: 631-853-6110

Email: [John.Dellarocca@suffolkcountyny.gov](mailto:John.Dellarocca@suffolkcountyny.gov)

**Detective Investigators** – John Keary

SDI Office: 631-244-9212

Email: [scdipba@gmail.com](mailto:scdipba@gmail.com)

**Detectives Association** – Jeffrey Cergol

SDA Office: 631-563-4408

Email: [jcergol@scdets.com](mailto:jcergol@scdets.com)

**Police Benevolent Association** – Mike Simonelli

Phone: 631-609-5490

Email: [msimonelli@suffolkpba.org](mailto:msimonelli@suffolkpba.org)

**Probation Officers Association** – Don Grauer

Office: 631-852-2901

Email: [Donald.Grauer@suffolkcountyny.gov](mailto:Donald.Grauer@suffolkcountyny.gov)

**Superior Officers Association** – Michael Koubek

SOA Office: 631-654-0400

Email: [mjkoub@gmail.com](mailto: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](http://www.scdeferredcomp.org)

**Application for Military Service Catch-Up**

A participant who is called to active duty in the United States military is eligible to make qualified military make up deferrals to the Suffolk County Public Employees Deferred Compensation Plan in the amount that they could have deferred to their Plan account had their employment with the County not been interrupted by military service. The total amount eligible for qualified make up deferrals is determined for each calendar year during which military service occurred. You may begin to make up qualified military make up deferrals in the calendar year you return to employment with the County.

*After meeting with your Board Representative to complete this form, the completed form should be submitted 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 \_\_\_\_\_ 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 military catch up contributions in any calendar year will only start once you have reached your maximum allowable contribution limit for that calendar year (including 50+ amounts and 3 year catch up if applicable).**

A		B	C	D	E	
Year	Date Military Service Began	Date Military Service Ended	Weeks of Military Service	Plan Contributions	Maximum Contribution Amount	Maximum Amount of Military Catch Up
<b>Totals</b>						

**Step 1: Determine your maximum Military Catch Up amount by completing the chart above.**

Section A - Enter the period of military service separately for each calendar year.

- For example, for service between 11/1/2016-4/1/2017, enter 11/1/2016 to 12/31/2016 in row 1 and 1/1/2017 to 4/1/2017 in row 2.

Section B - Count and enter the number of weeks for each calendar year of military service.

Section C - Enter the amount of plan contributions, other than military catch up, that you have made to the plan during each year. You can view a "PHAROS" report on [www.scdeferredcomp.org](http://www.scdeferredcomp.org), which details your total contributions to the Plan by year.

Section D - Enter your maximum permissible contribution amount for each year. Your maximum permissible contributions are indicated below, unless your gross salary (less Social Security and other pre-tax contributions) was lower than the limits listed below.

Year	Normal Limit	Age 50+ Limit
2014	\$17,500	\$23,000
2015	\$18,000	\$24,000
2016	\$18,000	\$24,000
2017	\$18,000	\$24,000
2018	\$18,500	\$24,500

Section E - Subtract the amount in Section C from the amount in Section D to determine your maximum amount of Military Catch Up.

**Step 2: Determine the period during which you may make Military Catch Up deferrals.**

Military Catch Up deferrals may be made for a period equal to 3 times the period of your qualified military service, not to exceed 5 years (260 weeks).

Total weeks of qualified military service 1. \_\_\_\_\_

Multiply the number above (Line 1) by 3 2. \_\_\_\_\_

Enter the result from Line 2 or "260", whichever is less 3. \_\_\_\_\_ **Total weeks you will have to make military catch up deferrals**

**The above information is true and accurate to the best of my knowledge and I understand that I am responsible for assuring that my deferrals comply with applicable limitations and requirements. 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 1<sup>st</sup> Page)

For Office Use Only:

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Approved \_\_\_\_\_ Initials \_\_\_\_\_ rev 12-17-18