CLACKAMAS COUNTY DEFERRED COMPENSATION PLAN PARTICIPATION AGREEMENT

(Revised 9/2009)

Check the appropriate transaction below.

☐ NEW PARTICIPATION ☐ RESTART PAYROLL DEDUCTION ☐ INCREASE PAYROLL DEDUCTION ☐ DECREASE PAYROLL DEDUCTION ☐ STOP PAYROLL DEDUCTION

PARTICIPANT INFORMATION

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street)

_____
(City) (State) (ZIP Code)

Department / Division Name _____

Social Security # _____ **Employee ID** _____

Date of Birth: _____

Work Phone ( ) _____

Home Phone ( ) _____

DEFERRAL ELECTION

Deferred Compensation amounts shall be withheld and deposited PER PAY PERIOD as follows:

County Paid Contributions

☐ NONREPRESENTED GROUP 1	6.27%	x	$ _____ BASE SALARY PER PAY PERIOD	= $ _____ AMOUNT CONTRIBUTED PER PAY PERIOD
☐ PEACE OFFICERS ASSOCIATION	4.00%			
☐ FOPPO (PAROLE & PROBATION)	1.00%			

Employee Paid Deferral Amount

$ _____ FLAT AMOUNT PER PAY PERIOD - or- _____ % OF BASE SALARY PER PAY PERIOD x $ _____ BASE SALARY PER PAY PERIOD = $ _____ AMOUNT DEFERRED PER PAY PERIOD

Minimum $325.00 per year

If the amount contributed or deferred is based on percent of base salary, the amount will change when your base salary changes.

Effective Date: I elect to defer compensation as indicated above, beginning _____ and continuing thereafter for a period of my employment or until changed or revoked in writing. I understand the beginning date will be the first pay period of the month (unless a later date is stated above) following receipt of this form and any additional required forms in the Risk & Benefits Department. The cut off date for forms is the 20th of the month. Forms received after the cut off date will be effective the second month following receipt.

CATCH-UP CONTRIBUTION

Check below, if you wish to make catch-up contributions as permitted under the Plan. Only one option may be selected during the same year.

☐ **SPECIAL SECTION 457(b) CATCH-UP PROVISION** – This option is available only during the three consecutive years prior to, but not including, the year the employee attains Normal Retirement Age under the Plan. A 457(b) Plan Catch-up Election form is required for this option. For this form and further information, contact your local ING representative. **Calendar year to begin** _____ **Calendar year to end** _____

☐ **AGE 50+ CATCH-UP PROVISION** – This option is available to employees age 50 and over by the end of the year. **Date of birth** _____

The participant cannot use both the special section 457(b) catch-up provision and the age 50+ catch-up provision during the same year. The participant must choose the option most beneficial to him or her.

I certify that the information on this form is true, complete and accurate.

RETURN COMPLETED FORM TO:

Clackamas County, DES
2051 Kaen Road, Suite 310
Clackamas, OR 97045-4035

FAX: (503) 742-5468

Employee's Signature _____ **Date** _____

ING Representative's Signature _____ **Date** _____

Clackamas County's Signature _____ **Date** _____

FOR PLAN ADMINISTRATOR USE ONLY

_____ County Paid %	x	$ _____ Base Pay Period	=	$ _____ County Paid	x	_____ pay periods	=	$ _____ Annual County Contribution
_____ Employee Paid %	x	$ _____ Base Pay Period	=	$ _____ Employee Paid	x	_____ pay periods	=	$ _____ Annual Employee Contribution
								$ _____ Prior Contributions YTD
$ _____ Annual Salary – Total Annual Deferral	-	$ _____ Section 125 Contributions	=	_____ Includible Compensation		$ _____ Maximum Deferral		$ _____ Total Annual Deferral