



# Larimer County Sheriff's Office Enhanced Deferred Compensation Program Election/Change Form

Participant Information		
Full Name of Participant		
Last	First	MI
Social Security Number:	Employee ID Number:	
Work Phone Number:		

Deferred Compensation Selection			
	Pre-tax % or \$	Roth % or \$	TOTAL % or \$
<input type="checkbox"/> <b>initial election amount</b>	_____	_____	_____
<i>Note: Contributions are deducted per paycheck. There are 26 paychecks per calendar year.</i>			
<input type="checkbox"/> <b>change amount to</b>	_____	_____	_____
<input type="checkbox"/> <b>Age 50+ catch up contribution*</b>	_____	_____	_____
<i>*This amount must not exceed the statutory limitation under IRC §414(v).</i>			
<input type="checkbox"/> <b>Special catch up contribution**</b>	_____	_____	_____
<i>**For Participants who are in one of the last three years before attaining Normal Retirement Age under the plan and who have not contributed the maximum each year. This amount must not exceed the statutory limitation under IRC §457(b)(3) and Participants cannot elect to use both the Age-50 catch-up and this special 3-year catch-up in the same year.</i>			
<input type="checkbox"/> <b>Stop contributions</b>			
<b>Payday Effective Date:</b> _____			
(If no date is listed, new amount will be effective next pay period.)			
<b>For help or questions:</b>			
Contact TIAA at 800 842-2252 Monday through Friday, 6 a.m. to 8 p.m. (MT) and Saturday, 7 a.m. – 4 p.m. (MT)			

**Your enrollment may not be complete. To select investment options and designate beneficiaries,** please be sure to also complete a TIAA enrollment form (if not already enrolled in this plan). You may enroll online or download a paper form at [TIAA.org/larimer](http://TIAA.org/larimer).

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval by Sherriff's Department \_\_\_\_\_ Date \_\_\_\_\_

HR Use Only	
Benefits Specialist Initials:	Effective Date: