



LARIMER COUNTY SHERIFF'S OFFICE

Enhanced Deferred Compensation Program Election/Change Form

PARTICIPANT INFORMATION

Full Name of Participant:

Last First MI

Phone Number: **UltiPro ID Number:**

DEFERRED COMPENSATION SELECTION

Note: Indicate amount per paycheck; there are 26 paychecks per calendar year. Deferred compensation deductions are in addition to mandatory 401(a) contributions.

	Pre-tax, % or \$	Roth, % or \$	Total, % or \$
<input type="checkbox"/> Initial Election Amount			
<input type="checkbox"/> Change Amount to...			
<input type="checkbox"/> Age 50+ Catch-Up Contribution			
<input type="checkbox"/> Special Catch-Up Contribution*			
<input type="checkbox"/> Stop Contributions			

Payday Effective Date: _____
 (If no date is listed, new amount will be effective on the first paycheck of month following receipt.)

FOR HELP OR QUESTIONS

- Contact Human Resources at (970) 498-5970 or by email, hr_benefits@larimer.org.
- **To select investment options and designate beneficiaries**, please be sure to login to your account at TIAA.org/larimer.

Participant Signature _____ Date _____

* 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 maxium 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.

HR USE ONLY

PLAN ALLOCATION:	SHERIFF'S TIERED PLAN	SHERIFF'S ADDITIONAL 4% MATCH PLAN	DATE
0 < 5 Years	_____	_____	_____
5 < 10 Years	_____	_____	_____
10+ Years	_____	_____	_____

Benefits Staff Initials: _____ Effective Date: _____