

**COUNTY OF SACRAMENTO  
DEFERRED COMPENSATION PLAN  
FINAL COMPENSATION AMENDMENT**

Office: (916) 874-2020

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**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home/Alternate Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Estimated Retirement Date: \_\_\_\_\_

**No Final Contribution Requested (Skip to Signature)**

**FINAL COMPENSATION ELECTIONS (Select an option for both #1 and #2 or no deduction will be taken)**

1. Deferred Payment Plan selection. Choose **ONE** of the following:
  - 100% 457(b) Deferred (before tax)
  - 100% 457(b) Roth (after tax)
  - 50% / 50% split between 457(b) Deferred and 457(b) Roth
  - Other split \_\_\_\_\_% 457(b) Deferred and \_\_\_\_\_% 457(b) Roth (must equal 100%)
2. Deferred Payment Amount. Choose **ONE** of the following:
  - Maximum allowed by IRS for the current year (pay and leave balances)  
**Note: 3 year Catch-Up Limit may not be available in the calendar year you retire**
  - Leave balances only. Select all balances that apply:
    - 100% Vacation                       100% CTO
    - 100% HIL                                       50% of sick leave (if applicable)
  - Specific amount \$ \_\_\_\_\_

I understand that Deferred Compensation contributions from my final paycheck are generally deposited at Fidelity on the next bi-weekly payroll cycle and may take up to 2 weeks to become available. \_\_\_\_\_ **(Employee Initials)**

I understand that Deferred Compensation contributions are subject to Social Security and Medicare taxes; my accruals deposited into the 457(b) Plan are exempt from Federal/State taxes. \_\_\_\_\_ **(Employee Initials)**

**FINAL COMPENSATION TERMS**

1. Employee requests that the County defer the amount of the final deferred compensation payment in accordance with the election specified above provided that such final deferral amount shall not cause the total annual deferred amount to exceed the lesser of the current-year annual limit or 100% of the total gross compensation paid to employee for the calendar year in which retirement or termination of employment occurs.
2. Employee agrees that all rights and privileges to the Deferred Compensation Plan shall be governed by the terms and conditions of the Plan.
3. **Pre-tax contributions defer federal and state taxes only; Medicare and Social Security will be deducted, provided the annual limits have not been previously met.**
4. **Employee understands that this election is final and cannot be changed after final termination check has been issued and cashed.**

**SIGNATURES**

Signature of Participant		Date	
EBO Review		Date	