

Notification of Change-Deferred Compensation

The Contra Costa County Deferred Compensation Plan Document is available online on the Benefits Website.

Complete form and either mail or fax to address below:

Contra Costa County Employee Benefits Services Unit
 651 Pine Street 5th Floor
 Administration Building
 Martinez, CA 94553
 Phone Number: 925-335-1746
 Fax Number: 925-335-1798

Group No. 61279-1-1	Social Security Number XXX-XX- [] [] [] []	
Employer Contra Costa County	Department	Employee Number
Participant Name (Last, First, MI)		
Mailing Address		
City	State	Zip Code
Cell or Home Phone	Work Phone	Ext.
E-Mail Address		

A. MONTHLY CONTRIBUTION: CHANGE TO

Effective Pay Date ____ / 10 / 20 ____

New Contribution

No Change

Suspend

I am utilizing the plan's age 50+ provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

I am interested in the plan's pre-retirement catch-up provision. Contact MassMutual for more information.
 My anticipated retirement date is _____

	Employee \$	Employer \$	Total Contribution
From:	[]	+	[] = []
To:	[]	+	[] = []

You may not utilize the age 50+ catch-up in any year in which the pre-retirement catch-up provision applies to you.

B. SPECIAL BENEFIT Please contact Employee Benefits Service Unit to determine eligibility for Special Benefit.

New

No Change

Effective Pay Date ____ / 10 / 20 ____

Date of Hire _____

	Employee \$	Employer \$	Total Contribution
No Change	[]	+	[] = []
		\$150	= []

C. NOTIFICATION OF ACCEPTANCE - Deferred Compensation Plans

I hereby agree to defer my right to receive compensation to the extent of the annual contribution noted above. I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan.

Signed in the State of _____ on _____

 Participant Signature