

**SUFFOLK COUNTY PUBLIC EMPLOYEES
DEFERRED COMPENSATION PLAN
www.scdeferredcomp.org**

Application for Military Service Catch-Up

A participant who is called to active duty in the United States military is eligible to make qualified military make up deferrals to the Suffolk County Public Employees Deferred Compensation Plan in the amount that they could have deferred to their Plan account had their employment with the County not been interrupted by military service. The total amount eligible for qualified make up deferrals is determined for each calendar year during which military service occurred. You may begin to make up qualified military make up deferrals in the calendar year you return to employment with the County.

After meeting with your Board Representative to complete this form, the completed form should be submitted to the Suffolk County Public Employees Deferred Compensation Board, c/o Civil Service, Building #158, P.O. Box 6100, Hauppauge, New York 11788-0099 via U.S. mail.

Name _____ Social Security # (Last 4) _____ Date of Birth _____
 Address _____ Work Phone _____ Home Phone _____

Please place a check mark before your bargaining unit:

- AME CORRECTION OFFICERS DEPUTY SHERIFFS DETECTIVE INVESTIGATORS
 DETECTIVES MANAGEMENT PBA PROBATION OFFICERS SOA
 OTHER _____

.....
 Please note: Your military catch up contributions in any calendar year will only start once you have reached your maximum allowable contribution limit for that calendar year (including 50+ amounts and 3 year catch up if applicable).

A		B	C	D	E	
Year	Date Military Service Began	Date Military Service Ended	Weeks of Military Service	Plan Contributions	Maximum Contribution Amount	Maximum Amount of Military Catch Up
Totals						

Step 1: Determine your maximum Military Catch Up amount by completing the chart above.

Section A - Enter the period of military service separately for each calendar year.

- For example, for service between 11/1/2016-4/1/2017, enter 11/1/2016 to 12/31/2016 in row 1 and 1/1/2017 to 4/1/2017 in row 2.

Section B - Count and enter the number of weeks for each calendar year of military service.

Section C - Enter the amount of plan contributions, other than military catch up, that you have made to the plan during each year. You can view a "PHAROS" report on www.scdeferredcomp.org, which details your total contributions to the Plan by year.

Section D - Enter your maximum permissible contribution amount for each year. Your maximum permissible contributions are indicated below, unless your gross salary (less Social Security and other pre-tax contributions) was lower than the limits listed below.

Year	Normal Limit	Age 50+ Limit
2014	\$17,500	\$23,000
2015	\$18,000	\$24,000
2016	\$18,000	\$24,000
2017	\$18,000	\$24,000
2018	\$18,500	\$24,500

Section E - Subtract the amount in Section C from the amount in Section D to determine your maximum amount of Military Catch Up.

Step 2: Determine the period during which you may make Military Catch Up deferrals.

Military Catch Up deferrals may be made for a period equal to 3 times the period of your qualified military service, not to exceed 5 years (260 weeks).

Total weeks of qualified military service 1. _____

Multiply the number above (Line 1) by 3 2. _____

Enter the result from Line 2 or "260", whichever is less 3. _____ **Total weeks you will have to make military catch up deferrals**

The above information is true and accurate to the best of my knowledge and I understand that I am responsible for assuring that my deferrals comply with applicable limitations and requirements. If my calculations are in error, I authorize the Board to adjust my calculations to comply with the guidelines. I also understand that failure on my part to accurately and completely provide information requested by the Board to determine my eligibility will result in a delay in the processing of this request. I understand that I must contact the provider in order to change my contribution amount. I understand that any requests to amend this application must be submitted in writing to the Board.

Signature _____ Date _____

Board Representative Signature _____ Date _____
(REQUIRED – See Rep Contact Information on 1st Page)

For Office Use Only:

Date Received _____ Date Reviewed _____ Approved _____ Initials _____ rev 12-17-18