

Jefferson County, Colorado

457(b) Plan Salary Deferral Agreement

Please complete and return to Payroll

I. EMPLOYEE INFORMATION

Name (Last, First, M.I.)

Last four of SS #

Date of Birth

()

()

JDE Employee #

Home Phone

Work Phone

II. ELECTION INFORMATION: Elections will be effective the first day of the month following the date the Agreement is signed.

CCOERA

Request: Start Restart Increase Decrease Stop Final Paycheck

457 (before-tax) I elect to contribute _____% or \$_____ (total per pay period) of my compensation as contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my elections. **The County match is only available on a percentage 457 election, not a fixed dollar amount election.**

457 Roth (after-tax) I elect to contribute _____% or \$_____ (total per pay period) of my compensation as contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my elections. **The County match is not available on a Roth 457.**

Requesting Employer Matching Contribution: 1% 2%

Requested Start Date: _____ | _____ | _____
Mo Day Year

NATIONWIDE

Request: Start Restart Increase Decrease Stop Final Paycheck

457 (before-tax) I elect to contribute _____% or \$_____ (total per pay period) of my compensation as contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my elections. **The County match is only available on a percentage 457 election, not a fixed dollar amount election.**

457 Roth (after-tax) I elect to contribute _____% or \$_____ (total per pay period) of my compensation as contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my elections. **The County match is not available on a Roth 457.**

Requesting Employer Matching Contribution: 1% 2% %

Requested Start Date: _____ | _____ | _____
Mo Day Year

Note: The total of all Traditional & Roth 457 contributions and County Match may not exceed the 2019 limits of \$19,000 regular or \$25,000 age 50.

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superseded, or the employee ceases to be an eligible employee. This Agreement supersedes all previous agreements. I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

III. EMPLOYEE AUTHORIZATION

Required Signature: I have read, understand and agree to the terms of this Agreement and authorize the payroll deductions as indicated on this form.

Employee Signature

Date