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Notification of Change-Deferred Compensation

Mail Address:
The Hartford
500 Ygnacio Valley Road, Suite 370
Walnut Creek, CA 94596
Fax Number: 925-977-9098

Contra Costa County Benefits Department
651 Pine Street
5th Floor, Administration Building
Martinez, CA 94553

Group Number **60002**		Social Security Number **XXX-XX-** ☐☐☐☐
Employer **Contra Costa County**	Department	Employee Number
Participant Name *(Last, First, MI)* ☐ Name Change?		
Mailing Address ☐ New?		
City	State	Zip Code
Cell or Home Phone	Work Phone	Ext.
E-Mail Address		

A. CONTRIBUTION: CHANGE TO

Effective Pay Date _____ / 10 / 2013

	Employee $		*Employer $*		*Total Contribution*
☐ 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 The Hartford for more information.
My anticipated retirement date is _____

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

Effective Pay Date _____ / 10 / 2013 Date of Hire _____

	Employee $		*Employer $*		*Total Contribution*
☐ New		+	**$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's Signature