



# SUFFOLK COUNTY

## PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

Labor and Management Working as One

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Kristine Sciangula  
Plan Administrator

**Lynne Bizzarro**  
**Chair**  
Chief Deputy County Attorney

**John Della Rocca**  
**Vice Chair**  
Deputy Sheriff's Police Benevolent Assoc.

**Linda Brown**  
**Treasurer**  
Association of Municipal Employees

**Leslie Baffa**  
Director of Risk Management

**Christina Blake**  
Administrator IV

**Jeffrey Cergol**  
Detectives Association

**Stefanie Ennis**  
**Secretary to the Board**  
Assistant to Personnel Officer

**Edward Fennessey**  
Detective Investigators Association

**Donald Grauer**  
Probation Officers Association

**Michael Koubek**  
Superior Officers Association

**Deirdre Lepore**  
Director of Payroll Services

**Terry Maccarrone**  
Coordinator of Community Based Programs

**Douglas Miller**  
Director of Management Information Svcs.

**Beth Reynolds**  
Deputy Budget Director

**Kristine Sciangula**  
**Plan Administrator**

**Michael Simonelli**  
Police Benevolent Association

**Robert Varrichio**  
Correction Officers Association

**PROGRAM PROVIDER**  
**T. Rowe Price**  
**1-888-457-5770**

Please contact your Board representative (listed below) before starting to complete the **Amendment to Catch Up Form**:

**Association of Municipal Employees** – Linda Brown

AME Office: 631-589-8400

Email: [LBrown@scame.org](mailto:LBrown@scame.org)

**Correction Officers Association** – Robert Varrichio

Office: 631-852-7035

Email: [Robert.Varrichio@suffolkcountyny.gov](mailto:Robert.Varrichio@suffolkcountyny.gov)

**Deputy Sheriff's PBA** – John Della Rocca

Office: 631-853-6110

Email: [John.Dellarocca@suffolkcountyny.gov](mailto:John.Dellarocca@suffolkcountyny.gov)

**Detective Investigators** – Ed Fennessey

Phone: 516-318-5137

Email: [edfennessey@gmail.com](mailto:edfennessey@gmail.com)

**Detectives Association** – Jeffrey Cergol

SDA Office: 631-563-4408

Email: [jcergol@scdets.com](mailto:jcergol@scdets.com)

**Police Benevolent Association** – Mike Simonelli

Phone: 631-609-5490

Email: [msimonelli@suffolkpba.org](mailto:msimonelli@suffolkpba.org)

**Probation Officers Association** – Don Grauer

Office: 631-852-2901

Email: [Donald.Grauer@suffolkcountyny.gov](mailto:Donald.Grauer@suffolkcountyny.gov)

**Superior Officers Association** – Michael Koubek

SOA Office: 631-654-0400

Email: [mjkoub@gmail.com](mailto:mjkoub@gmail.com)

**MANAGEMENT & BOE** – Kristine Sciangula

Office: 631-853-5725

Email: [Kristine.Sciangula@suffolkcountyny.gov](mailto:Kristine.Sciangula@suffolkcountyny.gov)

**SUFFOLK COUNTY PUBLIC EMPLOYEES DEFERRED COMPENSATION PLAN**

[www.scdeferredcomp.org](http://www.scdeferredcomp.org)

**Amendment to Catch Up for Deferrals from SCAT  
2019**

This form is to be used by employees who are severing County employment, are already contributing to catch up in the Plan and who wish to defer the balance of their maximum Normal contributions and Catch Up contributions (if eligible) from their accruals check.

<u>Year</u>	<u>Normal</u>		<u>Catch-up</u>
2019	\$19,000	+	\$19,000

The amount you specify below will be taken from your accruals (SCAT) check and forwarded to your deferred compensation provider. **This form must be received at the address below on or before your date of severance.** Return the completed form 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 digits) \_\_\_\_\_

Address \_\_\_\_\_

Date of Severance \_\_\_\_\_ 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 \_\_\_\_\_
- .....

ALL INFORMATION MUST BE FILLED IN OR IT WILL RESULT IN A DELAY OF PROCESSING THIS APPLICATION.

I elect to have my balance of normal contributions and catch up contributions (if eligible) deducted from my SCAT check OR deduct \$ \_\_\_\_\_ from my SCAT check.

Submission of this application serves as authorization for the amount to be taken from my accruals check. Any requests to amend this application must be submitted in writing to the Board. I understand that the County must submit the deferral to the provider the later of 2 1/2 months from separation or the end of the calendar year. Failure to remit the deferral within this time frame will void this authorization.

**By signing below, I acknowledge that I have read, understand, and agree to the participation requirements as set forth above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use: Date Rec'd \_\_\_\_\_ Reviewed by \_\_\_\_\_ Approved \_\_\_\_\_ Initials \_\_\_\_\_ 12/26/18