



# SUFFOLK COUNTY

## PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

Labor and Management Working as One

---

**Steve Randazzo**  
**Chair**  
Assistant Deputy County Executive

Kristine Sciangula  
Plan Administrator

**Jeffrey Cergol**  
**Vice Chair**  
Detectives Association

Please contact your Board representative (listed below) before starting to complete the **Accruals (SCAT) Check Deferral Form**:

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

**[Association of Municipal Employees](#)** – Linda Brown

AME Office: 631-589-8400

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

**Thomas Bivona**  
Deputy Sheriffs Police Benevolent Assoc

**[Correction Officers Association](#)** – Robert Varrichio

Office: 631-852-7035

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

**Christina Blake**  
Administrator IV

**Dennis Brown**  
Director of Real Property Tax Service

**Edward Fennessey**  
Detective Investigators Association

**[Deputy Sheriffs PBA](#)** – Tom Bivona

Office: 631-289-1768

Email: [DSPBAAtom@optonline.net](mailto:DSPBAAtom@optonline.net)

**Donald Grauer**  
Probation Officers Association

**Debra A. Kolyer**  
Chief Financial Analyst

**[Detective Investigators](#)** – Ed Fennessey

Phone: 516-318-5137

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

**Michael Koubek**  
Superior Officers Association

**Deirdre Lepore**  
Director of Payroll Services

**[Detectives Association](#)** – Jeffrey Cergol

SDA Office: 631-563-4408

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

**Maria Nida**  
**Legal Advisor**  
Senior Assistant County Attorney

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

**[Police Benevolent Association](#)** – Mike Simonelli

Phone: 631-609-5490

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

**Michael Simonelli**  
Police Benevolent Association

**Robert Smith**  
Principal Programmer Analyst

**[Probation Officers Association](#)** – Don Grauer

Office: 631-852-2901

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

**Gregory Spicer**  
Principal Assistant County Attorney

**Robert Varrichio**  
Correction Officers Association

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

**[Superior Officers Association](#)** – Michael Koubek

SOA Office: 631-654-0400

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

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

**[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.sdeferredcomp.org](http://www.sdeferredcomp.org)

Accruals (SCAT) Check Deferral Form
2020

This form is to be used by employees who are severing County employment and wish to defer the balance of their maximum Normal contributions, Age 50+ and Catch Up contributions (if eligible) from their accruals check. In order to qualify, you must be an active member in the Plan for at least three months.

NOTE: Participants can only contribute to either Catch-up or age 50 plus contributions

Table with 5 columns: Year, Normal, Catch-up\*, OR, Age 50 Supplement. Row 1: 2020, \$19,500, \$19,500, \$6,500

\*You must submit your New York State and Local Retirement System Member Annual Statement with this application if you are applying to have your catch up contributions deferred from your SCAT check. This statement is sent to you each summer. You can also print the pertinent information (Tier and Total Service Credit) online at www.osc.state.ny.us/retire.

The amount you specify below will be taken from your accruals (SCAT) check and forwarded to your deferred compensation provider. After meeting with your Board Representative to complete this form, you should return it to the Board (address below) 30 days prior to the date you are retiring/separating from County service to ensure proper processing. This form must be received at the address below on or before your date of severance.

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, Department, Retirement System, 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.

Complete either the **Retirement Catch Up** OR **Age 50+ Supplement** OR **Balance of Normal Contribution** section below. You must sign and date the form below.

### **Retirement Catch-up**

Once your application is submitted, a County produced report of your deferred compensation contributions to this plan since 1990 (based on our payroll records) will be generated and attached to this form. The information contained on that report and a copy of the payroll records for 1986 to 1989 would be used to determine whether you are eligible for the catch-up contribution amount you are requesting.

If you work (or worked) for another municipality, including Suffolk Community College and contributed to their government 457(b) or 403(b) Plan during any years you contributed to our government 457(b) Plan, please submit W-2s for those years.

The retirement “catch-up” provision of our 457 Plan permits you to increase the maximum amount you may contribute in each of the three years before the year in which you reach your “Normal Retirement Age.” Normal Retirement Age (NRA) is any age designated by you beginning no earlier than the age in which you may retire with full pension benefits up until age 70 ½. If you are not in the pension system, your NRA may not be earlier than age 65 nor later than age 70 ½.

The designation of a NRA by the participant is used solely to determine eligibility for the catch-up provision and establish the years during which catch-up deferrals may be made. The designation of a NRA neither requires the participant to retire in that year nor does it prohibit the participant from retiring in any of the three years that immediately precede NRA. However, the Internal Revenue Code (IRC) and the IRS Rules prohibit catch-up deferrals in the year the participant designates as his or her NRA.

Your eligibility for catch-up depends upon the contributions for previous years in which you were eligible to participate in this Plan, but did not contribute the maximum amount. You can print a “PHAROS” report, found on our website, [www.scdeferredcomp.org](http://www.scdeferredcomp.org), to determine your under-utilization of contributions.

The absolute maximum deferral for catch up is twice the applicable regular contributions limit for the year. This means that the total 457 Plan deferrals (normal contributions plus retirement catch-up) may not exceed \$39,000 in 2020. If you wish to take advantage of the retirement catch-up provision, you should contact your Board representative who will assist you in the preparation of this application.

**Please designate your Normal Retirement Age:** \_\_\_\_\_

\_\_\_\_ 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.

**Age 50+ Supplement from SCAT**

This section is to be used by employees who are severing County employment and wish to defer the balance of their maximum Normal contributions and age 50 + contributions (if eligible). **You must be an active member of the Plan for a minimum of three months.** The maximum annual normal contribution limit for participants born on or after January 1, 1971 is \$19,500 in 2019. Participants born on or before December 31, 1970 may make additional contributions equal to \$6,500. The age 50 + contribution limit will automatically be added to the normal contribution deferral limit if your date of birth qualifies you for the additional amount. Age 50 Plus Contributions may not be used during the three year period in which you have been approved for retirement catch-up contributions.

\_\_\_\_ I elect to have the following amount deducted \$ \_\_\_\_\_ (indicate "maximum" or a dollar amount - cannot exceed \$26,000)

---

**Balance of Normal Contributions from SCAT**

Complete this section if you wish to defer ONLY the balance of your Normal Contributions from your SCAT check.

\_\_\_\_ I elect to have the following amount deducted \$ \_\_\_\_\_ (indicate "maximum" or a dollar amount - cannot exceed \$19,500)

---

**Please read this section and sign and date it:**

Submission of this form serves as authorization for the amount to be taken from my accruals check. The above information is true and accurate to the best of my knowledge. I understand that the Deferred Compensation Board will verify the information I provided on this form. If my calculations are in error, I authorize the Board to adjust my calculations to comply with the guidelines. If the figures exceed the maximum contribution allowed and/or should the gross amount of my SCAT check and/or my age makes me ineligible for the amount I am requesting, an adjustment will be made. 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. Any requests to amend this application must be submitted in writing to the Board. I certify that I have been an active participant in the Plan for at least three months.

I understand that the County must submit the deferral to the provider the later of 2 ½ 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.**

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(REQUIRED – See Rep Contact Information on 1<sup>st</sup> Page)

Office use:  
Date Rec'd \_\_\_\_\_ Reviewed by \_\_\_\_\_ Approved \_\_\_\_\_ Initials \_\_\_\_\_ 12/10/19