



# SUFFOLK COUNTY

## PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

Labor and Management Working as One

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**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 **Amendment to Catch Up 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

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**Donald Grauer**  
Probation Officers Association

**Debra A. Kolyer**  
Chief Financial Analyst

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

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**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

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**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

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

**[MANAGEMENT & BOE](#)** – Kristine Sciangula

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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  
2020**

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>
2020	\$19,500	+	\$19,500

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 \_\_\_\_\_ 12/10/19