

CHAPTER 46 SERVICE RETIREMENT AND EARLY RETIREMENT PROCEDURES, FACTS, DECISION POINTS & APPLICATION

**ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
2100 CLARENDON BOULEVARD – SUITE 511
ARLINGTON, VIRGINIA 22201
TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265**

The Arlington County Retirement System is a defined benefit plan funded by contributions from both employees and employers. Once you meet the age and service requirements necessary you may apply for retirement benefits. We strongly encourage you schedule an appointment with the Human Resources Department to discuss your retirement options. You may schedule an appointment on AC Source: Click on the Pay and Benefits tab, then Retirement on the left side of the screen, then Schedule Retirement Appointment.

Eligibility for Unreduced Benefits

Members who are not police officers, firefighters or deputy sheriffs' are eligible to retire with unreduced benefits when they meet one of the following age and service requirements:

- ✓ Age 62 with 5 years of service
- ✓ Rule of 80 (When age + years of service = 80)
- ✓ Completion of 30 years of service

Police officers, firefighters and deputy sheriffs are eligible to retire with unreduced benefits when they meet one of the following age and service requirements:

- ✓ Age 52 with 5 years of service
- ✓ Rule of 80 (When age + years of service = 80)
- ✓ Completion of 25 years of service

Early Retirement and Eligibility for Early Retirement

If you begin receiving your retirement benefit at an early retirement date, your benefit is reduced one-half percent for each month (6% per year) that your retirement date precedes the earliest day you would qualify for unreduced benefits if you continued working.

Members who are not police officers, firefighters or deputy sheriffs' are eligible for reduced benefits when they meet one of the following age and service requirements:

- ✓ Age 55 with 5 years of service
- ✓ Age 54 with 17 years of service
- ✓ Age 53 with 19 years of service
- ✓ Age 52 with 21 years of service
- ✓ Age 51 with 23 years of service
- ✓ Age 50 with 25 years of service

Police officers, firefighters and deputy sheriffs are eligible to retire with reduced benefits as early as age 42 with 5 years of service.

Estimating your Retirement Benefit

Your retirement benefit is determined by a formula and is not based on the contributions in your account. The formula uses your average final salary (average of your 3 highest 26 consecutive pay periods) and your years of creditable service at retirement. You may run your own estimate on AC Source by clicking on Pay and Benefits tab and then Retirement.

Applying for Service or Early Retirement

The Human Resources representative verifies benefit eligibility and provides specific benefit information. A member may apply for service or early service retirement by providing a complete application to the Human Resources Department. Although, there is no minimum notification requirement, this paperwork should be submitted within 60-90 days of your intended retirement date. A complete application consists of the following forms:

- ✓ Application for Retirement including Joint & Survivorship Option Election or Designation of Beneficiary
- ✓ Election or Waiver of Lump Sum Distribution (Chapter 46 only)
- ✓ Social Security Leveling Election Form (Chapter 46 only)
- ✓ Direct Deposit Authorization
- ✓ Combined Federal and State Income Tax Election Form
- ✓ Health & Life Insurance Election Form
- ✓ Election of Leave Benefits Form

Upon receipt of a complete application, notification is sent to the applicant's Department Head, HR Liaison, and the Payroll Unit.

Retirement Payout Options

- ✓ **Basic Single Life Benefit:** The basic benefit is determined by your years of service and your average final salary (average of your 3 highest 12 months of consecutive pays). It is a lifetime benefit and will continue until your death. If you die before all of your member contributions have been paid to you, the remaining funds are paid in a lump-sum to your designated beneficiary. If you choose this option, you cannot change your election after your effective date of retirement.
- ✓ **Joint & Survivor Option:** You may choose to receive a benefit amount lower than the Basic Benefit during your lifetime in order to provide a benefit for your beneficiary after your death. The amount of reduction to your basic benefit depends on your age and the age of your designated beneficiary when your payments begin, and the percentage of your benefit that you want continued to your designated survivor after your death. When you die, the joint & survivor benefits will be payable to your designated beneficiary for life.
 - You may choose to leave 50%, 66 2/3% or 100% of your monthly benefit to a surviving annuitant
 - Your survivor may be your spouse or any other individual that you designate.
 - If you are married and you elect a beneficiary other than your spouse or you waive the election of a Joint & Survivor option, you must have the written consent of your spouse at the time of your retirement.
 - If your beneficiary is covered under the County health insurance plan, you must elect a Joint & Survivor option in order for your beneficiary to continue to receive health insurance benefits should you predecease your beneficiary.
 - You may cancel this option only with the written consent of the person nominated to receive the Joint & Survivor option.
 - Should the person nominated die, your benefit would revert to the unreduced Basic Single Life benefit.
- ✓ **Lump Sum Distribution:** If you have elected a normal, early or deferred vested retirement, you may elect to receive a lump sum payment equal to the lesser of 10% of the actuarial value of your annual retirement allowance, including expected cost-of-living adjustments, as determined by the actuary, of the benefits to be paid over your lifetime or \$20,000. If the actuarial value of your benefits is less than \$5,000, the entire benefit may be selected as a lump sum distribution. If you elect a lump sum payment, your monthly retirement benefit will be reduced by the lump sum distribution. This election must be made at the time you begin receiving retirement benefits and your lump sum distribution will be issued at the time of your first benefit payment.
- ✓ **Social Security Leveling Option:** If you start receiving retirement plan benefits before your Social Security retirement benefits begin, you may choose to receive a greater benefit from the plan until either your 62nd birthday or your Social Security Normal Retirement Age and a smaller benefit thereafter. This payment option is intended to keep your total monthly retirement income from changing significantly when your Social Security benefits begin.

Direct Deposit

We use electronic funds transfer to deposit your benefit payment directly into your bank account. Payments are issued on the last business day of the month. Direct deposit is mandatory for all benefit payments.

Benefit Taxation

Your retirement payment is made up of both employee and employer contributions. Any contributions you made prior to December 23, 1984 have already been taxed and will be excluded from taxation. The amount of your monthly exclusion is determined at retirement based on your age and life expectancy. The remaining portion of your retirement benefit is subject to federal tax when it is paid to you. State taxes may also apply.

We are required to offer withholding of Virginia income tax for retirees who reside in Virginia. We do not have the ability to withhold for any other state. Because state tax laws are complicated and change frequently, retirees are encouraged to contact the state or local tax agencies where they live to determine if their retirement benefits are taxable and if so, file quarterly estimated taxes if at all possible.

If a completed tax form is not on file, we will withhold federal income tax based on the rate for a married individual claiming three exemptions and if you are a resident of Virginia your state income tax will be based on the rate for zero exemptions.

Cost-of-Living Adjustments (COLA)

You are eligible for a cost-of-living adjustment on the July 1 following the first anniversary of your retirement. For example, if you retire on March 29, 2013, the first anniversary of your retirement would be March 29, 2014, and you would qualify for a cost-of-living increase on July 1, 2014.

Cost-of-living adjustments are based on the increase, if any, in the U.S. Average Consumer Price Index (CPI). The amount of the Chapter 46 COLA is equal to the first 3% of the increase in the CPI plus ½ of each percentage increase from 3% to 12% up to a maximum COLA increase of 7.5%.

Estimating your Retirement Benefit

Your retirement benefit is determined by a formula and is not based on the contributions in your account. The formula uses your average final salary (average of your 3 highest 26 consecutive pay periods), your years of creditable service and your age at retirement.

If you choose early retirement, an early reduction factor is used to calculate a reduced benefit. The reduction factor is based on your age and years of service credit. To request an estimate you should contact the Human Resources at (703) 228-3500, Option 1 or benefits@arlingtonva.us.

Reemployment after Retirement

Once you retire you are no may be eligible for employment by Arlington County; however, you must not pre-plan returning to employment prior to your retirement date and you must have a bona-fide separation of employment of a minimum of 30 calendar days. You may be reemployed in a short-term temporary assignment or a permanent assignment. If this occurs, you will be paid at a rate appropriate to the assignment, not a rate based on your pre-retirement pay. Also, rehired temporary employees may not be eligible for non-retirement benefits and are not eligible for retirement benefits. Rehired employees in permanent positions will be eligible for benefits, including retirement benefits. Both types of employees may continue to receive their pension benefits.

Changes to Address or Beneficiary Information

Please notify the County timely of any address change as this may impact your access to healthcare you have retained in retirement. Also, please remember to keep your life insurance beneficiaries current in retirement. Forms for both of these are posted on the County's website: www.arlingtonva.us/retirement.

Benefits Continuation at Retirement

The following benefits may be continued into retirement:

- ✓ Life Insurance
- ✓ Health Plan
- ✓ Dental Plan
- ✓ Long Term Care Insurance

Life Insurance

If you are retiring from County employment and immediately begin drawing a retirement annuity, the County will provide you with a basic amount of life insurance free of charge to you. You may also elect to continue your optional group term life insurance for yourself only. Spousal and dependent optional life insurance may not continue into retirement; however, you may contact the insurance vendor directly to convert this coverage. If you elect to continue the optional life insurance, the premiums will be deducted from your monthly retirement check.

Your basic and optional coverage amounts are computed as follows:

- ✓ Basic Coverage: The basic coverage amount upon retirement is \$10,000 for all retirees under age 65. Part-time employees receive a pro-rated amount.
 - Retirees age 65 and over are eligible for only \$8,000 of basic insurance. If you are under age 65 at the time of your retirement, coverage will be reduced to this amount automatically on April 1 following your 65th

birthday. If you are over age 65 at the time you retire, your coverage will be reduced immediately upon your retirement.

- ✓ Optional Coverage: Upon retirement, the optional life insurance rate will be based on age in addition to your tobacco/non-tobacco use. Employees who have optional coverage at the time of retirement may elect to reduce the coverage or drop this coverage altogether. As a retired employee, once you drop or reduce this optional coverage, you may not reinstate it at a later date.
 - Retirees under age 65 may continue the optional coverage they had in force at the time of retirement, limited to a maximum of 1 times annual salary. This means if you have life insurance coverage of 2 times annual salary just prior to retirement, you may only continue a maximum amount of 1 times your annual salary.
 - Retirees under age 65 have an additional option of electing a flat \$10,000 in optional coverage instead of the 1 times or 1/2 times annual salary.
 - Retirees over age 65 may retain only \$10,000 in optional coverage. As with the basic coverage, if you are under age 65 at the time of your retirement, this reduction occurs on April 1 following your 65th birthday.
- ✓ NOTE: For both the basic and optional insurance amounts, the Accidental Death and Dismemberment provision of this policy terminates upon retirement. Retirees remain eligible for the Accelerated Benefit provision of the policy, provided you retain a combined total of \$10,000 in basic and/or optional coverage.

Health/Dental Plan Benefits

Continuation of Coverage and County Contributions: If you retire from the County and are eligible for health and/or dental coverage and immediately begin drawing a retirement annuity, you may elect to continue your coverage. Also, early retirees who opt to defer receipt of their pension until Normal Retirement Age may elect health and/or dental coverage when they begin receiving their annuity. If you elect to continue your coverage, your premiums will be deducted from your monthly retirement check.

The County will continue to pay a portion of your insurance premiums, but the percentage paid by the County will vary depending upon how many years you have been employed as a permanent County employee, the retirement chapter you are covered by, the year in which you retire, and the type of retirement.

NOTE: Employees who resign with a deferred vested annuity are not eligible to continue their insurance coverage under the above provision, but may be eligible for 18 months of continuation coverage under a provision called COBRA by paying the full cost of health insurance premiums (both employee and County shares, plus a 2% administration fee).

Changes to Coverage Upon and After Retirement:

- ✓ If you elect to continue your health plan benefits, you will be able to retain the type of coverage you had in force at retirement. You cannot increase your health insurance coverage at the time of retirement, unless you have a qualifying change in family status. You may, however, convert to a Medicare Supplemental policy if you are entitled to Medicare Parts A & B.
- ✓ You may decrease or drop coverage at any time if you so desire. If you drop health and/or dental coverage after retirement, or if you retire and do not take coverage under the County plan, you may join the County health or dental plan within 60 days of losing coverage elsewhere, with proof of loss of coverage under another plan.
- ✓ You will continue to be able to add eligible dependents to your policy within 60 days of marriage, filing income taxes to add an adult dependent, birth, adoption, obtaining legal guardianship of a child, parental support order, change in parental custody, or certain changes in your spouse's employment status. To increase your coverage, you must contact the Benefits Team in the Human Resources Department and obtain the necessary forms. These forms must be filed within 60 days of the date of the event. You must also notify the Benefits Team within 60 days of any change in family status which would result in one or more of your dependents no longer being eligible for coverage, such as divorce, death of a covered dependent, or loss of dependent's eligibility.
- ✓ You remain eligible to change health insurance plans and add eligible dependents during the annual Open Enrollment period, which is held at the same time it is held for active employees. Open Enrollment is currently held during the month of May and changes filed during this period generally become effective on July 1.
- ✓ It is your responsibility to notify the Benefits Unit of any change, which would alter your health insurance coverage and/or premiums. If the change is not received within 60 days after the date of the event, you may be required to wait until the next open enrollment period. In some limited instances the change in coverage can be processed after the 60-day period. However, in these instances premium adjustments will be performed retroactively only up to 60 days.
- ✓ Address Changes must be submitted within 60 days of your move to ensure continuous coverage. The process you follow to notify us of your change depends upon the health plan you participate with:
 - If you are enrolled in CIGNA it is your responsibility to contact the CIGNA customer service team to determine if a network is available in your new zip code.
 - If the network is available, contact the Benefits Team and provide your new address
 - If a network is not available, it is your responsibility to contact the Benefit Team and provide your new address along with a request to change to the appropriate plan.

- If you are enrolled with Kaiser Permanente and plan to move outside of the health plan's service area, you may elect to transfer to a CIGNA plan to maintain coverage in a County-sponsored health plan.

Medicare Eligibility: If either you or an enrolled dependent is eligible for Medicare (due to age or disability), you are required to enroll in Medicare. You must elect both the hospital (Part A), and the medical (Part B) portions. The premiums for Part B coverage will be deducted from your Social Security check each month. Once you become eligible (either by age or disability) for Medicare Parts A & B coverage the County health plan will become secondary. You should notify the Benefits Team immediately if you or your enrolled dependent becomes entitled to Medicare coverage so that necessary forms can be sent to you for conversion to a Medicare supplemental (Kaiser) or replacement (CIGNA) policy and your premiums adjusted where necessary. It will take approximately 30 days to process your Medicare plan enrollment change with the County, so please provide the County with a copy of your Medicare card at least 30 days prior to your Medicare effective date.

Continuation of Coverage for your Spouse or Enrolled Adult Dependent

If your spouse is covered under a County health and/or dental plan, you may elect to continue his/her coverage upon retirement. If you elect a spousal annuity upon retirement, your spouse will continue to receive health benefits through the County should you predecease him/her. If you do not elect a spousal annuity, or you are covering an adult dependent other than a spouse, your spouse or covered adult dependent may be able to continue his/her benefits for 36 months under COBRA by paying both the retiree and County share of the premium, plus a 2% administration fee. However, your spouse or covered adult dependent may not be able to continue benefits under COBRA if he/she becomes entitled to Medicare.

Long Term Care

You may continue your Long Term Care policy as a retiree. You have the option of having the premium deducted from your retirement annuity check or sending payment directly to Genworth (discounts are available for paying quarterly, semi-annually and annually). In order to have your premiums withheld from your retirement annuity, you must call Genworth (1-866-859-6060) and let them know you are retiring. They will mail you a form you must return to Genworth before the County can begin withholding premiums from your monthly retirement annuity. If elect to cancel Long Term Care coverage at any time as a retiree, you may reapply for the benefit. You will be medically underwritten and rates will be based on your age at the time you apply to enroll.

Leave for Service Credit and Payout Options

No accrued leave (vacation, comp. or sick) can be used to help you qualify for early retirement eligibility. Vacation and comp leave payouts cannot be used to reduce any early retirement penalty. You may apply unused sick leave toward retirement service credit. Sick leave used toward retirement service credit will also reduce any early retirement penalty, if you are retiring under the early retirement provisions.

When you retire, your accrued, unused vacation and comp leave balances will be automatically paid to you in cash. Any paid vacation and comp leave is also used toward retirement service credit. If you were hired prior to January 1, 2001 and have not elected to use sick leave toward your retirement service credit, you may elect to receive a cash payment for your sick leave. The County will pay 30% of your sick leave balance in excess of 100 hours. Those hired after January 1, 2001 will have their sick leave applied toward retirement service credit.

Taxation of Leave Payouts

Cash payments for vacation, comp time and sick leave are taxable. You have two options to help alleviate the immediate taxation of these payments:

- ✓ Complete a flat Federal tax rate form to have your payment taxed at a flat 22%, or
- ✓ Defer your payment into your 457 plan (maximum contributions apply)

Deferring Leave to the 457 Plan

In order to defer any of your leave payments to the 457 plan, you must complete the Leave Payout Form enclosed with this application.

Most employees will be able to use a catch-up provision for this payment if their contributions to the 457 plan will place them over the maximum contribution limits for the year. Catch-up provisions:

- ✓ What is the 457 catch-up provision? The catch-up is an IRS provision that allows you to make up for prior years in which you did not contribute the maximum amount to your employer's deferred compensation plan. The contribution limit changes annually, based on IRS guidelines. There are two types of catch-up: "Regular Catch-up" and "Age 50+ Catch-up".
- ✓ How much may I contribute under the 457 catch-up provision?
 - Under the regular catch-up, you may contribute the lesser of:
 - twice the contribution limit for this year, or
 - the general deferral limit for this year, plus any amounts that you could have contributed in previous years but did not.

- Participants age 50 and over may contribute an amount above the regular contribution limit under a special "Age 50+ Catch-up".

✓ Am I eligible to take advantage of 457 catch-up?

- You are eligible for the regular catch-up if you meet the following conditions:

You were eligible to participate in a 457 deferred compensation plan on or after January 1, 1979; and you did not contribute the maximum amount permitted by the IRS in any year since 1979 that you were eligible to participate.

- You are eligible for the "Age 50+ Catch-up" if you meet the following conditions:
- You are age 50 or over.
- You are not participating in the regular catch-up provision.

✓ When can I elect to catch-up under the 457 Plan? You are eligible for catch-up during the three consecutive years prior to, but not including, the year you attain normal retirement age. You cannot defer compensation under this catch-up provision in the tax year in which you reach your normal retirement age.

CHAPTER 46 SERVICE RETIREMENT AND EARLY RETIREMENT DECISION POINTS FOR COMPLETING PAPERWORK

This checklist is designed to help you make the critical decisions needed prior to retiring from service. In addition to resources available online, Human Resources Benefits staff are available to assist you with completing this paperwork and may be reached in person, by email, and by phone.

Service Retirement Application Part A. Member Information

- Enter all of your personal information.
- Enter your separation date (your last working day) and your retirement effective date is the next calendar date.

Service Retirement Application Part B. Payment Options (Must Pick One Option)

- **Basic Benefit:** This is a Single Life payment that will continue for your lifetime; OR
- **Joint and Survivor (J&S):** The plan offers a Joint and Survivor (J&S) benefit designed to provide continuous benefits and insurance coverage in the event of your death to one J&S beneficiary. Typically, the J&S beneficiary is a spouse however monetary benefits may be continued for anyone you select as the J&S beneficiary. This option does reduce your single life monthly benefit. The reduction to this benefit is based upon your J&S beneficiary's age and the level of J&S benefit you choose. The plan offers three levels:
 - **50% J&S:** provides continuation of 50% of your monthly benefit payment plus benefits coverage continuation for a beneficiary
 - **66% J&S:** provides continuation of 66% of your monthly benefit payment plus benefits coverage continuation for a beneficiary
 - **100% J&S:** provides continuation of 100% of your monthly benefit payment plus benefits coverage continuation for a beneficiary

**The J&S benefit can be "popped" back up to a single life benefit if the J&S beneficiary predeceases the payee, upon divorce, or anytime following written notarized request by both parties. The benefit "pops" up following the notification to the County and is not retroactive to date of retirement.

Service Retirement Application Part C. Survivor/Beneficiary Information

- If you chose the Basic Benefit this section designates who would like to receive any remaining "lump sum payout" of any remaining accumulated balance of your contributions toward the pension plan.
- If you chose one of the J&S Survivor Options, please list the designated J&S beneficiary's information here.

Service Retirement Application Part D. Certification

- **Member Signature** – Must read, sign acknowledging understanding. **MUST** be notarized.
- **Spouse Signature** – Must be signed by spouse and notarized **ONLY** if the Member is taking the Basic Benefit Option, therefore not providing the J&S benefit to the spouse.

Lump Sum Distribution Form

- **What it is:** Retirees are eligible to receive a lump sum payment equal to the lesser of 10% of the actuarial value of your annual retirement allowance or \$20,000. If you elect a lump sum payment your base monthly lifetime retirement payment will be reduced.
- If you are electing to take this please complete Part A, choose the appropriate option in Part B and sign this form
- If you are not taking this option, please complete the last section of the form waiving this benefit and sign this form.

Social Security Leveling

- **What it is:** Retirees receiving retirement plan benefits before Social Security benefits begin may choose to receive a greater benefit from the plan until either you begin receiving Social Security or age 65, whichever occurs first, and a smaller benefit thereafter.
- If you are electing to take this please complete and sign this form, you must enter your anticipated Social Security benefit payment and date you will start collecting the Social Security benefit. In addition please provide your most recent statement from Social Security.
- If you are not taking this option, please complete the last section of the form waiving this benefit and sign this form.

□ **Leave Election Form**

- Determine if you need to convert Sick leave to service credit or if you want it to be paid out (available to employees hired before January 1, 2001).
- Sick, vacation and comp leave payouts require a decision: whether you want this paid to you (and taxed) or if you want it to be tax-deferred to the 457 plan.
 - Having Leave Paid to You: Leave payouts can place you into different tax bracket due to the amount being paid. You have an option to elect a flat 22% Federal tax amount. Please initial form where indicated to elect this option. This option does not apply to your SS/Medicare, and state taxes.
 - Deferring Pre-tax to the 457: You may tax defer (federal and state tax only) all or a portion of your payment to the 457 plan. Make sure that you know your maximum contributions for the tax year and you elect to use the applicable catch-up provisions as needed.

□ **Other Post-Employment Benefit Elections, Federal and State Tax Forms**

- Determine which benefit plans you want to continue in retirement. Your options include health, dental, life, and long term care. Life insurance coverage maximum is 1 times your salary, dropping to \$10,000 at 65; or you may elect to only continue ½ times your salary or \$10,000.
- Complete the Federal and State form using the accompanying worksheet. If you move out of the state of Virginia you must indicate that you no longer want Virginia state tax withheld from your monthly payment.

□ **Meeting with the Benefits Team**

- To schedule an appointment:
 - Online: [AC Commons](#) - Click on Benefits & HR, Retirement, Schedule a Retirement Appointment
 - Phone: 703-228-3500, Option 1

□ **Meeting with the VOYA Representative**

- Make an appointment to meet with VOYA by calling 703-228-4783
- Review 457 and 401(a) accounts and distribution options.

CHAPTER 46 SERVICE RETIREMENT AND EARLY RETIREMENT
ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
2100 CLARENDON BOULEVARD – SUITE 511
ARLINGTON, VIRGINIA 22201
TELEPHONES: (703) 228-3900 (800) 818-4910 FAX (703) 228-3265

Part A. Member Information			
1. Name (First) (MI) (Last) (Jr./Sr.)		2. Birth Date (mm/dd/yy)	
3. Employee Number:		4. Daytime Phone Number and Home Email Address	
5. Address (Street) (City) (State) (Zip)			
6. Department & Supervisor's Name		7. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
8. Separation Date (last day of active pay)		9. Retirement Effective Date (must be after separation date)	

Part B. Payment Options			
<input type="checkbox"/> Basic Benefit (Single Life)	OR	Survivor Option	<input type="checkbox"/> 50% Survivor Option <input type="checkbox"/> 66 2/3% Survivor Option <input type="checkbox"/> 100% Survivor Option

Under the provisions of the Arlington County Code as a retiring member you can elect a reduced monthly retirement benefit during your lifetime in order to provide a joint & survivorship continuance benefit to your beneficiary following your death. You may choose to leave 50%, 66 2/3%, or 100% of the monthly benefit you were receiving when you died. This survivor annuity is payable for life. The amount of reduction to your benefit depends on your age and the age of your nominated beneficiary when payments begin, and on the percentage of your benefit that you want continued after your death. If your nominated beneficiary should die before you, your benefit would be increased to the single life monthly benefit you would have received if you had not elected an optional joint & survivorship benefit.

Your election of a survivor option also affects health and/or dental coverage for your dependents. If you have elected to continue health and/or dental coverage for your dependents and have elected a survivor option, your dependents may continue the coverage as long they are receiving a retirement benefit. If you do not elect a survivor option, your dependents will be eligible for COBRA continuation insurance for 36 months following your death. There is no County subsidy for COBRA coverage, so your dependents would be responsible for both their portion and the County's portion of the premium, plus a 2% administrative fee.

If you elect the basic benefit, your designated beneficiary is entitled to only the amount of your accumulated contributions reduced by the amount of any retirement allowance received by you during your lifetime and your dependents will not be able to continue health and or dental coverage beyond the COBRA period of 36 months.

For Human Resources Department Use			
_____ Application scanned	_____ Leave Form to Payroll	_____ Insurance Form to H&W team	_____ Memo/email to Dept
Process for Retiree Payroll Month of: _____			
Recalculation needed for inclusion of leave payout? Y/N		_____ Recalculation completed	
Other Notes: _____			

Part C. Survivor/Beneficiary Information	
1. Name (First) (MI) (Last) (Jr./Sr.)	2. Birth Date (mm/dd/yy)
3. Social Security Number	4. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Address (only if different from member)

PART D. CERTIFICATION

Member Certification
Under the provisions of the Arlington County Retirement System Ordinance, I hereby apply for retirement. I understand I may be eligible to be rehired by the County; however, I must have a bona-fide break in service of at least 30-days. I certify I have not had discussions with County staff regarding re-employment.

I have reviewed each area of this form and made informed decisions regarding my choices, including understanding how (and whether) the applicable healthcare cap (\$600 per month for employees leaving employment after January 15, 2012) affects me and my individual situation. I understand that I have the option between receiving a monthly benefit calculated under a frozen benefit as of 1/3/09 plus the enhanced benefit for service after 1/3/09 OR the enhanced benefit for all years of service and I have made my irrevocable election of the benefit payment as applicable.

I certify that I am not currently under a Qualified Domestic Relations Order (QDRO) or I have provided such document along with this application I have been advised of the optional benefits available to me. I understand that by electing a joint & survivor option, my basic benefit will be reduced in order to provide a benefit for my beneficiary after my death and that if I wish to rescind the joint & survivor election I must receive the written consent of the person nominated to receive the benefit. I further understand that if I am married at the time of retirement and I have not made this election for my spouse or I have elected a beneficiary other than my spouse, this application must have the written consent of my spouse.

Member Signature _____ **Date** _____

TO BE COMPLETED BY NOTARY:
County Of _____ State Of _____
On this (dd) _____ day of (mm) _____, (yy) _____, the member whose name is signed above, personally appeared before me and acknowledged the foregoing signature to be his/hers.

My commission expires _____ **Notary Signature** _____

Spouse Certification (only required if married and electing a Single Life Benefit)
I the undersigned spouse of the above retiring member have read and understand the retirement payout options available. I understand that my spouse has selected a retirement option which **does not** provide a lifetime annuity for me in the event he/she predeceases me. I voluntarily and under my own free will consent to this election and hereby absolve the Retirement System of any liability under the survivorship option provisions of the Arlington County Retirement Code.

Spouse Signature _____ **Date** _____

TO BE COMPLETED BY NOTARY:
County Of _____ State Of _____
On this (dd) _____ day of (mm) _____, (yy) _____, the member whose name is signed above, personally appeared before me and acknowledged the foregoing signature to be his/hers.

My commission expires _____ **Notary Signature** _____

**CHAPTER 46 SERVICE RETIREMENT AND EARLY RETIREMENT
LUMP SUM DISTRIBUTION ELECTION FORM**

**ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
2100 CLARENDON BOULEVARD – SUITE 511
ARLINGTON, VIRGINIA 22201
TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265**

ELIGIBILITY: Any member covered by Chapter 46 who elects a normal, early or a deferred vested retirement benefit is eligible for a lump sum distribution. Human Resources will verify your eligibility and can provide specific information regarding your lump sum distribution.

DEFINITION: The lump sum distribution shall be equal to the lesser of 10% of the actuarial value equivalent of the annual retirement allowance, including expected cost of living adjustments, of the benefits to be paid over the member's lifetime or \$20,000. If the current actuarial value of these benefits is less than \$5,000, the entire benefit may be selected as a lump sum.

IF YOU ELECT THE LUMP SUM DISTRIBUTION: Your election must be made at the time you complete your application for normal, early or deferred vested retirement. Your monthly benefit due at retirement will be reduced by an amount calculated to be equal to the actuarial equivalent of the lump sum payment. Your lump sum distribution will be issued at the time of your first benefit payment. This option is voluntary and may not be changed once it has been made.

Part A - General Information (Please Print Clearly)

Name _____ Date of Birth: _____
Address: _____ Social Security No. (last 4 digits) _____
City, State, Zip _____ Phone No. _____
Department _____ Retirement Date _____

Part B - Lump Sum and Taxes

You may receive your lump sum distribution paid by check to you or you may have all or part of the taxable portion of your distribution deposited directly into an Individual Retirement Arrangement (IRA) or to an employer's Plan that will accept the funds. Please provide all the information requested on the reverse side of this form so your distribution can be deposited into the proper account. Taxable portions of your distribution that are sent directly to you may be subject to mandatory tax withholding and penalties. Portions of your refund that have already been taxed are not subject to withholding and may not be rolled over.

The lump sum distribution is subject to a mandatory 20% federal tax withholding. In addition, it is subject to Virginia state tax withholding at the rate of 4% unless you indicate below that you are not subject to paying those taxes because: (1) you are not a resident of Virginia; (2) you incurred no income tax liability for last year and do not expect to incur a liability for this year; or (3) you expect your Virginia adjusted gross income to be less than \$5,000 if single; \$8,000 if married filing a joint return; or \$4,000 if married filing a separate return.

The Retirement System makes no representation as to the appropriate choice you should make nor does the system provide advice concerning the application of tax laws. You should consult with your financial advisor.

LUMP SUM DISTRIBUTION

- I elect to receive the maximum lump sum distribution payable at the time of my retirement. **(The lump sum distribution will be deposited to the same bank account as the monthly retirement allowance.)**

- I certify that I am not subject to Virginia tax withholding for one of the reasons listed above.

Signature _____ Date _____

DIRECT ROLLOVER REQUEST

FINANCIAL INSTITUTION OR EMPLOYER'S PLAN CERTIFICATION

I certify that the account below is eligible to receive the direct rollover of the taxable portion of this distribution.

Signature	Title	Date
Account Number	Financial Institution or Fund	Address

I elect to direct rollover my maximum lump sum distribution.

Please have an official of the financial institution or employer's fund which will be receiving a direct rollover of your lump sum distribution complete and sign the section below. Please note that only one such rollover will be permitted. All requested information must be supplied before any funds are transferred.

My signature below authorizes the Human Resources to issue a direct rollover of my lump sum distribution to the financial institution indicated above.

Signature _____ Date _____

LUMP SUM WAIVER

- I have been advised of the lump sum distribution option available to me and do hereby request and elect to receive the regular allowance payable to me during my lifetime.

Signature _____ Date _____

SOCIAL SECURITY LEVELING OPTION ELECTION FORM
ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
2100 CLARENDON BOULEVARD – SUITE 511
ARLINGTON, VIRGINIA 22201
TELEPHONES: (703) 228-3900
(800) 818-4910 FAX (703) 228-3265

Member Information					
Name (First)	(MI)	(Last)	(Jr./Sr.)	Employee Number:	Last 4 of SSN:

Any member covered by Chapter 46 who elects to retire on a normal or early service retirement may elect to receive an increased retirement allowance until either age 62 or the birthday following your Social Security Normal Retirement Age, and a decreased retirement allowance thereafter.

Under the provisions of the Arlington County Retirement System Ordinance, I hereby apply for the Social Security Leveling Option and elect to receive an increased retirement allowance until (check one):

- Age 62** or **Birthday following Social Security Normal Retirement Age**

and a decreased retirement allowance thereafter.

My estimated monthly Social Security benefit at that time is: \$_____.
 (A copy of the estimate from Social Security Administration must be attached.)

SIGNATURE

DATE

SOCIAL SECURITY LEVELING WAIVER

- I have been advised of the Social Security leveling option available to me and do hereby request and elect to receive the regular allowance payable to me during my lifetime.

Signature_____

Date_____

DIRECT DEPOSIT AUTHORIZATION
ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
2100 CLARENDON BOULEVARD – SUITE 511
ARLINGTON, VIRGINIA 22201
TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265

1. Social Security Number (last 4 digits only)	2. Name (First) (MI) (Last)	
3. Home Address		
4. City	State	Zip Code
5. REQUIRED PRIMARY Account (where you want your net pay to be deposited) I hereby authorize the Arlington County Employees' Retirement System to initiate credit entries to my (check one) Checking _____ Savings _____ account indicated below and the bank/savings & loan/credit union to credit the same to such account. This authority is to remain in full force and effect until the Retirement System has received written notification from me of its termination.		
5a. Name of Bank/Savings & Loan/Credit Union		
5b. Bank Transit/Routing Number (9 Digit #)	5c. Bank Account Number	
6. OPTIONAL SECONDARY Account (where you want a portion of your net pay deposited. For example, if you want \$100 to be deposited to the Arlington Credit Union.) I hereby authorize the Arlington County Employees' Retirement System to initiate <input type="checkbox"/> credit entries <input type="checkbox"/> in the amount of \$ _____ OR _____ % to my (check one:) Checking Savings account indicated below and the bank/savings & loan/credit union to credit the same to such account. This authority is to remain in full force and effect until the Retirement System has received written notification from me of its termination.		
6a. Name of Bank/Savings & Loan/Credit Union		
6b. Bank Transit/Routing Number (9 Digit #)	6c. Bank Account Number	
7. Signature	8. Date	9. Your Telephone #
PLEASE ATTACH A VOIDED CHECK HERE A voided check is necessary to verify the Bank Transit Number & Your Account Number. If your Direct Deposit goes to a checking account, this form will be returned to you if a voided check is not provided. (Please do not attach deposit slips) Direct Deposit may be made to a checking account OR a savings account. If you elect to use a savings account for the Direct Deposit, it is not necessary to attach a voided check – just provide us with the bank routing number and your bank account number, both available from your bank.		

REQUEST FOR INCOME TAX WITHHOLDING
ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
2100 CLARENDON BOULEVARD – SUITE 511
ARLINGTON, VIRGINIA 22201
TELEPHONES: (703) 228-3900 (800) 818-4910 FAX (703) 228-3265

Complete this form if: (1) You are a new retiree, or (2) you want to make a change to your income tax withholding. If a completed tax withholding form is not on file, we will withhold federal income tax based on the rate for a married individual claiming three exemptions and state income tax based on the rate for zero exemptions.

PART A. RETIREE INFORMATION

1. Name	(First)	(MI)	(Last)	(Jr./Sr.)
2. Address	(Street)		(City)	(State) (Zip)
3. Last Four Digits of Social Security Number	4. Telephone Number			

PART B. FEDERAL INCOME TAX WITHHOLDING

Choose one option below. If you choose to have income tax withheld, provide your marital status and the number of exemptions.

Do not withhold federal income tax from my monthly benefit. I understand that I am liable for payment of federal income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate. (If you are a U.S. Citizen or resident alien and your monthly benefit payments are delivered outside the U.S. or its possessions, you *must* have federal income tax withheld.)

Using the marital status and the exemptions below, calculate my federal income tax withholding (if any) in accordance with the tax formula as published in IRS Publication 15.

Marital Status: Married Single Married, but withhold at higher Single Rate

Number of Exemptions: _____

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____

Instead of calculating my federal income tax, I elect a voluntary withholding per month in the amount of \$ _____.

PART C. STATE OF VIRGINIA INCOME TAX WITHHOLDING

Choose one option below. If you choose to have state income tax withheld, provide the number of exemptions of each type. (You are not required to have Virginia state income tax withheld from your benefit if you do not reside in Virginia.)

Do not withhold state income tax from my monthly benefit. I understand that I am liable for payment of state income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.

Using the exemptions below, calculate my state income tax withholding (if any) in accordance with the tax formula as published in the Virginia Income Tax publication.

Personal Exemptions: _____ Age and Blindness Exemptions: _____ Total Exemptions: _____

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____

Instead of calculating my state income tax, I elect a voluntary withholding per month in the amount of \$ _____.

SIGNATURE _____ **DATE** _____

Completing Part B. Federal Income Tax Withholding

For detailed information about federal income tax withholding, refer to the Internal Revenue Service (IRS) web site at www.irs.gov to review the IRS Form W-4P. The "Personal Allowances Worksheet" from the W-4P is provided below for calculating exemptions for federal income tax purposes. Review the IRS Form W-4P for additional information about other worksheets that might apply.

- A** Enter "1" for **yourself** if no one else can claim you as a dependent. **A** _____
- B** Enter "1" if: a) You are single and have only one pension; or **B** _____
b) You are married, have only one pension and your spouse has no income subject to withholding; or
c) Your income from a second pension or a job, or your spouse's pension or wages (or the total of all), is \$1,000 or less.
- C** Enter "1" for your **spouse**. But, you may choose to enter "0" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "0" may help you avoid having too little tax withheld.) **C** _____
- D** Enter the number of **dependents** (other than your spouse or yourself) you will claim on your tax return. **D** _____
- E** Enter "1" if you will file as **head of household** on your tax return. **E** _____
- F** **Child Tax Credit** (including additional child tax credit): If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child. If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child, plus "1" additional if you have for or more eligible children. **F** _____
- G** Add lines A through F for total Personal Exemptions. Enter this number in Part B if you choose to have federal income tax withheld. **Note:** This may be different than the number of exemptions you claim on your tax return. **G** _____

Completing Part C. State Income Tax Withholding

For detailed information about state income tax withholding, refer to the Virginia Department of Taxation web site at www.tax.virginia.gov to review the Virginia Form VA-4P. The "Personal Exemption Worksheet" from the VA-4P is provided below for calculating exemptions for state income tax purposes.

Calculate Personal Exemptions

- 1** Enter "1" for **yourself**. **1** _____
- 2** If you are married and your spouse is not claimed on his or her own certificate, enter "1". **2** _____
- 3** Enter the number of dependents you will claim on your state income tax return. (Do not include your spouse.) **3** _____
- 4** Add lines 1, 2, and 3 for total Personal Exemptions. Enter this number in Part C if you choose to have state income tax withheld. **4** _____

Calculate Exemptions for Age and Blindness

- 5** Age: a) If you will be 65 or older on January 1, enter "1". **5a** _____
b) If you claimed an exemption on line 2 above and your spouse will be 65 or older on January 1, enter "1". **5b** _____
- 6** Blindness: a) If you are legally blind, enter "1". **6a** _____
b) If you claimed an exemption on line 2 above and your spouse is legally blind, enter "1". **6b** _____
- 7** Add lines 5a through 6b for total Age and Blindness Exemptions. Enter this number in Part C if you choose to have state income tax withheld. **7** _____



Other Post-Employment Benefit Elections General Information

Initial Elections

Health and Dental Coverage:

- Health and dental coverage for the covered spouse and dependents may continue after the death of the retiree **only** if spousal annuity benefits (Joint and Survivor) are elected at the time of DROP entry or retirement; otherwise, covered widows and dependents are eligible for COBRA coverage for 36 months beyond the date of the retiree's death.

Supplemental Life Insurance:

- Coverage may continue for the retired employee only in amounts of \$10,000, ½ times pre-retirement salary, 1 times pre-retirement salary, up to a maximum of \$100,000. Coverage reduces April 1st following the retiree's 65th birthday to \$10,000. Coverage may not be elected, increased or re-instated during retirement. Amounts are pro-rated for part-time employees.
- Rates are based on age and tobacco/non-tobacco user status.
- Coverage for spouses and dependent children may continue through a conversion policy directly with the life insurance carrier --- please contact the carrier directly for this coverage.

Long Term Care Insurance:

- Coverage may be cancelled at retirement and retirees may enroll during retirement; however, coverage will be subject to medical underwriting and costs will be based on the retiree's age at time of the re-election.

Medicare Enrollment and Coordination

- **Medicare eligible retirees and their Medicare eligible dependents must elect Medicare Part B** (Note: Retirees receiving Social Security Disability Income (SSDI) are eligible for Medicare Part B 2 years after receipt of their initial SSDI approval.)
- The County health plan will assume you have enrolled in Medicare Part B when you are eligible and will **not** pay the portion of the claim that Medicare would have paid; therefore, **we strongly recommend you enroll as soon as you are eligible as a retiree to avoid incurring unnecessary expenses and to avoid Medicare's late entrant penalty.**
- Retirees and their dependents on a County-sponsored Medicare supplemental plan who enroll in a non-County-sponsored Medicare Part D drug plan will lose their County sponsored health and Medicare Part D drug plan coverage.

Future Changes

- Changes to health, dental and supplemental life plans may be made during future Open Enrollment periods or within 60 days of a qualifying event (such as marriage, divorce, birth of a child, etc.).
- Health and dental coverage may be cancelled at retirement and re-instated later as long as the retiree had coverage elsewhere and notifies the County within 60 days of losing the alternate coverage.
- Health and dental coverage may be elected later in retirement as long as the retiree was eligible for coverage at the time of their retirement, had coverage elsewhere, and notifies the County within 60 days of losing the alternate coverage.
- Notify the County promptly of any address changes --- these may impact your health plan enrollment.

Payments

- Costs for health and dental coverage are based on retirement creditable years of service (i.e. the number of years used to calculate your retirement benefit, not the number of years employed). Employees retiring due to a service-connected disability retirement are granted the same cost sharing as an employee with 25 years of creditable service.
- Premiums for elected insurances will be withheld from the monthly retirement check. If the check amount is insufficient to cover the premiums, payment will need to be mailed directly to the County each month by the 1st of the month. The County notifies affected retirees and provides further details at that time.
- Premiums for long term care may be withheld from the monthly retirement check or paid directly to the long term care vendor. A discount is offered for those paying the vendor directly on a quarterly, semi-annual or annual payment schedule. You must call Genworth (1-866-859-6060) if you want your premiums withheld from your monthly pension.

I have read and understand the above information about the County's retiree benefits.

Signature

Date

Election of Other Post-Employment Benefits

Retiree's Information:			
Name		SSN:	
Home Address			
E Mail Address			
Daytime Phone		Alternate Phone:	
Retirement Date:		Retirement Type:	<input type="checkbox"/> Normal <input type="checkbox"/> Ordinary Disability <input type="checkbox"/> Early <input type="checkbox"/> Service Connected Disability <input type="checkbox"/> DROP Exit

Insurance Elections:

	Continue	Discontinue	n/a	Plan	Level of Coverage
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cigna OAP IN COINS <input type="checkbox"/> Cigna OAP IN COPAY <input type="checkbox"/> Cigna OAP <input type="checkbox"/> Kaiser <input type="checkbox"/> AmWINS Medicare <input type="checkbox"/> Kaiser Medicare	<input type="checkbox"/> Single <input type="checkbox"/> + Spouse/Adult <input type="checkbox"/> + Child(ren) <input type="checkbox"/> + Family
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Single <input type="checkbox"/> + Spouse/Adult <input type="checkbox"/> + Child(ren) <input type="checkbox"/> + Family
Supplemental Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volume: \$____,000	Cost/Mo: \$_____

To continue Long Term Care coverage, please call Genworth at 1-866-859-6060. You may either pay them directly OR request that premiums be withheld from your monthly pension. No premiums will be withheld from your pension benefits until Genworth notifies the County that you have elected to have premiums withheld from your monthly pension.

Dependent Enrollment Information (required):					
(if dependent is child under age 26 or disabled, please list relationship as child)					
Relationship	Name	Date of Birth	SSN	Medicare Number * (HICN)	Medicare Part B Effective Date*
Self					

*- If you are in the application phase of obtaining Medicare Part B and have not received your card yet, write "applying" in these boxes.

Election of Other Post-Employment Benefits (cont'd)

If you will be eligible within 3 months of retirement, please enroll at www.medicare.gov prior to retiring for a Medicare effective date of the first of the month following your retirement date. **Forward a copy of your Medicare card to Human Resources (Benefits Team – Medicare Administrator) as soon as you receive it.** The County cannot enroll you or your dependent into a Medicare plan without this information and you will remain enrolled in and charged for the pre-Medicare plan until we receive the Medicare information.

I elect the above Post-Employment Benefits upon retirement from Arlington County. I understand that these benefit elections will be effective the 1st of the month following my separation date with the County and that, to maintain these benefits, I am responsible for paying the my share of the premium(s) and that benefits and premiums are subject to change.

Signature: _____

Date: _____

Human Resources Department Use:

Years of Benefit Service: _____ Rate Group: _____ Cap: _____ Chapter: _____

Insurance Effective Date: _____ (1st of month following separation date)

Branch/Subgroup changed from Active to Retiree with Vendors:

Health: _____(Date) via _____ Email _____Vendor website Direct Pay? Y / N

Dental: _____(Date) via _____ Email _____Vendor website Direct Pay? Y / N

Election of Leave Benefits

ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
Telephone: (703) 228-3500 Fax: (703) 228-3265

NAME	EMPLOYEE #	DEPARTMENT	EXTENSION #
HOME EMAIL ADDRESS	HOME PHONE#		
	CELL PHONE #		

Reason for Leave Payout

___ Entering DROP ___ DROP Mid-Year ___ Leaving DROP ___ Retirement ___ Separation from Employment (non-retirement)

Effective Date: _____

This form must be received no less than 30 days prior to your entry into the DROP, exit from the DROP, Service Retirement, or for leave payouts while in DROP and must accompany any applicable retirement paperwork. In the event that you are separating from employment with the County (as opposed to retiring) this form must be received no later than the Friday prior to your termination date.

I hereby make the following election regarding my accrued, unused leave:

Vacation Leave: Number of Hours to Cash In: _____ Hours*

Comp Leave: Number of Hours to Cash In: _____ Hours*

** Upon Separation from Employment or Retirement, 100% of unused vacation and comp hours are automatically paid to the employee. If you are requesting payout for either of these reasons, you may put "all" for the Number of Hours to Cash In.*

Sick Leave:

a. Hours to convert to service credit: _____ The conversion of any sick leave as retirement service credit when entering the DROP precludes payout of any sick leave balance when exiting the DROP.

OR

b. Hours to be paid in cash: _____ (Only available to those who were hired before 1/1/01 AND who did not elect service credit for their sick leave upon DROP entry.) Enter the gross amount of sick hours. Payroll will reduce your sick leave balance by this amount and calculate the amount to be paid to you. The amount paid to you will be 30% of the balance of the hours above 100 listed above. For example: If you enter 400 hours, the County will subtract 100 hours, then pay you for 30% of the 300 hours remaining. If you have been paid for sick leave previously, the County will not subtract 100 hours again, but will pay you for 30% of the hours listed above.

I would like my leave paid in the following manner:

\$ _____ deposited to my regular bank account(s) after applicable taxes are withheld

\$ _____ deposited to my 457 plan on a pre-tax basis (FICA taxes are withheld)

\$ _____ deposited to my 457 plan on a post-tax basis (i.e. Roth 457)

\$ _____ deposited to my 401(a) plan on an after-tax basis

Note: The above election will override any current contribution elections to the 457 or 401 plan for your leave payout check.

For DROP participants: If you have elected to have some of the pay deposited to the 457 or 401(a) plans, would you like your contributions adjusted, if necessary, to ensure you receive a pay check close to your normal bi-weekly pay?

Circle One:

Yes No

Additional Clarifying Notes:

Benefits Staff Assisting with Form:

Please check one of the boxes below. If no box is checked and funds are being deposited to the 457 plan, the maximum amount to be deposited will be the lesser of the employee's dollar election above or the current calendar year's IRS maximum contribution for which you are eligible.

Using Age 50 Catch-up Provision

(For use if you are turning age 50 anytime this calendar year)

Using Retirement Catch-up Provision

(Must qualify to use, attach completed Catch-up Worksheet)

IMPORTANT:

I hereby make the elections above regarding my accrued leave balances. In making these elections, **I have read and understand the guidelines indicated on the reverse side of this document.** In addition, I understand that all payouts are subject to **7.65% FICA (Social Security/Medicare) withholding and applicable federal and state taxes.** The applicable defined benefit deduction will be applied to my vacation/comp leave payout unless I am currently enrolled in DROP or have greater than 30 years of service in the retirement system.

Please initial this box if 22% Federal tax withholding is requested. When an employer makes a lump sum payment apart from regular wages, Federal Income Taxes can be withheld from that payment at a flat 22% rate, which may be higher than my current tax rate. I hereby request that Arlington County withhold Federal Income Taxes from my lump sum payout at that 22% rate. In making this request, I realize that should my total earnings place me in a higher (than 22%) tax bracket, **I may be liable for additional taxes when I file my annual tax return for the applicable tax year.** This tax election applies to funds received as cash not funds placed in the 457.

Signature: _____

Date: _____

PLEASE READ BEFORE SIGNING THIS FORM

Sick Leave Election

I understand that:

- I can use an unlimited amount of sick leave toward my retirement service credit.
- If hired prior to January 1, 2001, I have the option to cash out my sick leave balance according to county policy.
- If I elect to cash out my sick leave balance, I can receive my payout as cash or defer it into my 457 or 401(a) plan. (Contact Human Resources Benefits Unit at least 30 days prior to your retirement to discuss this option)
- **I cannot change this election once it is made.**
- The County makes no representation that retirement service credit is a greater or lesser benefit than the cash payment.

DROP Sick Leave Election

I understand that:

- I may elect to use an unlimited amount of my accumulated sick leave as retirement service credit upon my entry into the DROP.
- If I use any sick leave as retirement service credit, I am not eligible for payout of any sick leave balance when I exit the DROP.
- Sick leave balances not used for service credit will be carried forward for my use while in the DROP.
- If hired before January 1, 2001, I have the option to cash out all or a portion of my sick leave balance according to county policy and if I do so, I may not use any sick leave for service credit.
- If I elect to cash out my sick leave balance, I can receive my payout as cash or defer it into my 457 or 401 plan. ***Contact the Human Resources Benefits Unit to discuss this option before making the election.*
- **I may request sick leave to be paid out once a calendar year while in the DROP.**
- I will continue accruing additional sick leave while in the DROP.
- **I may not change this election once it is made.**
- The County makes no representation that service credit is a greater or lesser benefit than the cash payment.

DROP Vacation/Comp Leave Election

I understand that:

- I may elect to have all or a portion of my vacation and compensatory leave paid to me **only upon my entry into or exit from the DROP.**
- If I elect to cash out my vacation and compensatory leave balance, I can receive my payout as cash or defer it into my 457 plan. **Contact the Human Resources Benefits Unit to discuss this option.*
- Any vacation and compensatory leave I elect to have paid to me upon my entry into the DROP will be applied as retirement service credit.
- If I forego a cash payout of my unused vacation and compensatory leave upon my entry into the DROP I will not receive retirement service credit at a later date.
- Any unpaid vacation and compensatory leave will be carried forward for my use while in the DROP and will be paid to me upon my exit from the DROP.
- I will continue accruing vacation and compensatory leave while in the DROP.
- **I may not change this election once it is made.**

For Internal Human Resources Use Only

- _____ Reviewed in-person with Benefits Team Member Initials: _____ Date: ____/____/_____
- _____ Received by Benefits Team Member, Follow-up Required Initials: _____ Date: ____/____/_____
- _____ Age 50 Catch-up Element added in PRISM if needed Initials: _____ Date: ____/____/_____
- _____ Retirement Catch-up Element added in PRISM if needed Initials: _____ Date: ____/____/_____
- _____ Forwarded to Payroll for Processing Initials: _____ Date: ____/____/_____
- _____ Forwarded for PensionGold Processing Initials: _____ Date: ____/____/_____
- _____ Processed in PensionGold, if applicable Initials: _____ Date: ____/____/_____
- _____ Processed by Payroll Initials: _____ Date: ____/____/_____

Additional Notes:
