



ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
("ACERS") 2100 CLARENDON BOULEVARD – SUITE 511
ARLINGTON, VIRGINIA 22201
TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265 EMAIL: Benefits@arlingtonva.us

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 Commons: Click on the Benefits & HR icon, then Retirement. On the top of the screen, click Schedule a Retirement Appointment.

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 ACERS Access (<https://retirement.arlingtonva.us/PGMemberservices/PGWebMember.exe>).

Applying for Retirement

Applications may be submitted in-person, by mail, fax (703.228.3265), or email (benefits@arlingtonva.us). We recommend meeting with a member of the Retirement Team in advance to discuss your benefit options. You may schedule a meeting through AC Commons. Click on Benefits & HR, then Retirement, then ACERS Appointment.

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
- Election or Waiver of Social Security Leveling
- Direct Deposit Authorization
- Federal and State Income Tax Election Forms
- Election of Retiree Insurance Benefits Form
- Election of Leave Benefits Form

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

ACERS Benefit 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.

ACERS Benefit Payments

- ACERS benefits are paid via direct deposit on the last banking day of the month.
 - For the month in which you retire, you have the option to have the payment at the end of that month be paid directly to you as taxable income OR transferred to your DROP account on a tax-deferred basis.
- ACERS benefits are taxable.
 - Federal taxes and Virginia taxes are withheld based on the tax forms you submit with your application. Taxes are not withheld for other states; retirees are encouraged to contact their state or local tax agencies where you live to determine if your ACERS benefits are taxable and how to remit those taxes.
 - 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)
 - COLAs are granted on July 1 following the first anniversary of your retirement. For example, if you entered DROP on April 9, 2024, the first anniversary of your retirement would be April 15, 2025, and you would qualify for a cost-of-living increase on July 1, 2025.
 - COLA is based on the U.S. Average Consumer Price Index (CPI). The amount of the Chapter 46 COLA is equal to the first 3% of the CPI increase plus ½ of each percentage increase from 3% to 12% up to a maximum COLA increase of 7.5%.

Leave Payout Options

Your accrued, unused vacation and comp leave balances will be automatically paid to you. 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 unused sick leave. The County will pay 30% of your sick leave balance in excess of 100 hours.

- How your leave is paid to you is based on your Election of Leave form.
- Leave payouts are taxable. To reduce the amount of taxes withheld from your leave payout, you may

opt to defer your leave to the 457 pre-tax plan.

- You may defer your leave to the 457 Roth or the 401(a) on an after-tax basis.
- Deferrals to the 457 plan are subject to IRS maximums that changes annually. For 2024, the following limits apply:

Regular Limit	\$23,000
Age 50+ (during 2024) Limit	\$30,500
Retirement Catchup (under age 70 ½)*	Up to \$46,000

*The Retirement Catchup is for employees who did not contribute the maximum amount permitted by the IRS in any year they were eligible for a 457. The Retirement Catchup may be used for up to 3 consecutive years prior to the year you attain your normal retirement date. You may defer the lesser of the Regular Limit + any underutilized contributions from prior years OR the Retirement Catchup amount. Either Voya or the Retirement Team can obtain your 457 contribution history to determine your eligibility for Retirement Catchup.

Reemployment after Retirement

Once you retire you 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 break in service of at least 90 days.** If you are rehired, you will be paid at a rate appropriate to the assignment, not a rate based on your pre-retirement pay.

Changes to Address or Life Insurance Beneficiary

Notify the County timely of any address change as this may impact your access to healthcare you have continued 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.

Life Insurance

Employees who retire and immediately begin receiving their ACERS benefit are eligible to continue life insurance.

- Basic Coverage: The County provides this free of charge to retirees. The basic coverage amount is \$10,000 for all retiring full-time employees (\$5000 for part-time employees).
- Supplemental Life Insurance Coverage:
 - You may continue your supplemental life insurance in the following increments, not to exceed your current supplemental coverage: \$5,000, \$10,000, \$25,000, \$50,000, \$100,000.
 - At age 65, the maximum supplemental life insurance coverage available is \$10,000.
 - Premiums are withheld from your monthly ACERS benefit.
 - You may not add or increase supplemental life insurance after retirement.
 - Coverage for your spouse and child(ren) may not be continued into retirement; however, you may contact the life insurance carrier to convert their coverage.

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 supplemental coverage.

Health/Dental Plan Benefits

Continuation of Coverage and County Contributions: If you retire from the County, are eligible for health and/or dental coverage and immediately begin drawing a retirement annuity, you may elect to continue your coverage. Also, employees retiring under the Early Retirement provisions who opt to defer receipt of their pension until a later date may elect health and/or dental coverage when they begin receiving their annuity.

- Premiums will be deducted from your monthly retirement check.

- The County will continue to pay a portion of your insurance premiums. The percentage paid by the County will vary depending upon your benefit service used to calculate your ACERS benefit, the retirement chapter you are covered by, the year in which you retire, and the type of retirement.
- Spousal coverage: If covering a spouse in retirement, you **must upload a copy of the first page of your Federal tax return to HRDocs@arlingtonva.us prior to retiring.** (You may redact any financial information.) Spouses may continue coverage after your passing, if you had elected Joint & Survivor ACERS benefits.
- **Medicare eligible retirees and their Medicare eligible dependents must enroll in Medicare Parts A & B.** Medicare eligibility may be due to age (65) or disability. Premiums for Medicare Part B are withheld from your Social Security benefits. Notify the County Benefits Team at least 30 days prior to your Medicare enrollment.
- You may decrease or drop your coverage at any time. Notify the Benefits team within 60 days of any change in family status resulting in a dependent loss of eligibility (i.e. child reaching age 26, divorce, death, etc.) 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.
- You may enroll or increase your coverage during Open Enrollment or within 60 days of a qualifying life event such as marriage, birth of a child, loss of coverage through a spouse's plan, etc. You must provide proof of the loss of coverage elsewhere. 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.
- Address changes in retirement may affect your access to the Kaiser health plan. Notify the Benefits Team within 60 days of an address change.
- After you pass away, continuation of medical and dental coverage is available through COBRA for non-medicare eligible dependents, if you had not elected a Joint & Survivor ACERS benefit.



ACERS Retirement Application

ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM ("ACERS")

2100 CLARENDON BOULEVARD – SUITE 511

ARLINGTON, VIRGINIA 22201

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Part A. Member Information		
1. Name (First) (MI) (Last) (Jr./Sr.)	2. Employee #	3. LAST FOUR OF SOCIAL SECURITY #
4. Department & Supervisor's Name		
5. Home Address (Street, City, State, Zip)		
6. Phone Home Cell: Other:	7. Home Email Address	
8. Last Day of Employment	9. Marital Status <div style="text-align: right; margin-right: 50px;">Married Not Married</div>	

Part B. Payment Options		
Basic Benefit (Single Life)	OR	Survivor Option 50% Survivor Option 66 2/3% Survivor Option 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
5. Gender Male 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 90-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.

Under the provisions of the Arlington County Retirement System Ordinance, I hereby apply for retirement. 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's 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's Signature _____

Spouse Certification (*spouse to sign only if retiring employee elects Basic/Single Life annuity*)

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's 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's Signature _____



LUMP SUM DISTRIBUTION ELECTION FORM
ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM ("ACERS")

2100 CLARENDON BOULEVARD – SUITE 511

ARLINGTON, VIRGINIA 22201

TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265 EMAIL: Benefits@arlingtonva.us

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)

1. Name (First) (MI) (Last) (Jr./Sr.)		
5. Home Address (Street, City, State, Zip)		
6. Phone Home Cell:	7. Home Email Address	
Other:		
8. Last Day of Employment	2. Employee #	3. LAST FOUR OF SOCIAL SECURITY #

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

- 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.

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.		
_____ Account Number	_____ Financial Institution or Fund	
_____ Address		
_____ Signature	_____ Title	_____ Date

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 ("ACERS")
 2100 CLARENDON BOULEVARD – SUITE 511
 ARLINGTON, VIRGINIA 22201

TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265 EMAIL: Benefits@arlingtonva.us

<i>Member Information</i>		
1. Name (First) (MI) (Last) (Jr./Sr.)	2. Employee #	3. LAST FOUR OF SOCIAL SECURITY #

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 ("ACERS")

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ARLINGTON, VIRGINIA 22201

TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265 EMAIL: Benefits@arlingtonva.us

1. Name (First) (MI) (Last)	2. Social Security Number (last 4 digits only) & Employee Number (if known)	
3. Home Address (Street, City, State, Zip)		
4. REQUIRED PRIMARY Account (where you want your net pay to be deposited) I hereby authorize the Arlington County Employees' Retirement System to initiate deposit to my (check one): <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings account indicated below. This authority is to remain in full force and effect until the Retirement System has received written notification from me of its termination.		
4a. Name of Bank/Savings & Loan/Credit Union		
4b. Bank Transit/Routing Number (9 Digit #)	4c. Bank Account Number	
5. OPTIONAL SECONDARY Account (where you want a portion of your net pay deposited. For example, if you want \$100 to be deposited to a second bank.) I hereby authorize the Arlington County Employees' Retirement System to initiate deposits in the amount of \$ _____ OR _____ % to my (check one): <input type="checkbox"/> Checking or <input type="checkbox"/> Savings account indicated below. 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. Signature	7. Date	8. Your Telephone #
PLEASE ATTACH A VOIDED CHECK HERE A voided check is not required; however it does help verify the Bank Transit Number & Your Account Number. 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.		

Withholding Certificate for Periodic Pension or Annuity Payments

2022

▶ Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number (last 4 digits)
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

If you do not want any Federal taxes withheld, check here: _____

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . ▶ \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . ▶ \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . ▶ \$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . ▶ \$ _____ Add other credits, such as foreign tax credit and education tax credits ▶ \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

If you only want a flat amount withheld, enter that monthly amount here: \$ _____ or _____%

Step 5: Sign Here

▶ _____ Your signature (This form is not valid unless you sign it.)	▶ _____ Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its possessions.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$147,000.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard

deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$	2	\$ _____
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,750 if you're single or head of household. • \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65. • \$2,800 if you're married and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**FORM VA-4P INSTRUCTIONS
VIRGINIA DEPARTMENT OF TAXATION
WITHHOLDING EXEMPTION CERTIFICATE FOR RECIPIENTS OF
PENSION AND ANNUITY PAYMENTS**

Use this form to notify your pension administrator or other payer whether income tax is to be withheld, and on what basis.

Am I required to file Form VA-4P? Yes. You MUST file Form VA-4P with your pension or annuity payer before your payments begin. If you do not file Form VA-4P, your payer is required to withhold Virginia income tax from your payments as if you had claimed zero exemptions.

Can I elect "no withholding"? You may use this form to elect "no withholding"

if you have made a similar election for federal purposes, or if you meet any of the conditions listed in the instructions for Line 4 of Form VA-4P on the reverse side of this sheet.

What if I have other income? If you have income from other sources which is not subject to Virginia income tax withholding, you should consider making estimated tax payments on Form 760ES or requesting that an additional amount of tax be withheld from your pension or annuity payment. You can download Form 760ES or electronically

file your estimated payment on our website, www.tax.virginia.gov. You may also order Form 760ES by calling (804) 367-8037 or contacting your local commissioner of the revenue.

How do I complete Form VA-4P? Be sure to read the instructions on the reverse side of this page carefully before completing Form VA-4P. If you need assistance, you may contact the Department of Taxation at (804) 367-8037.

PERSONAL EXEMPTION WORKSHEET

1. Enter "1" for yourself..... _____
2. If you are married and your spouse is not claimed on his or her own certificate, enter "1"..... _____
3. Enter the number of dependents you will claim on your income tax return (do not include your spouse)..... _____
4. Subtotal of Personal Exemptions – add Lines 1-3 _____
5. Exemptions for age
 - a) If you will be 65 or older on January 1, enter "1"..... _____
 - b) If you claimed an exemption on Line 2 above and your spouse will be 65 or older on January 1, enter "1"..... _____
6. Exemptions for blindness
 - a) If you are legally blind enter "1"..... _____
 - b) If you claimed an exemption on Line 2 above and your spouse is legally blind, enter "1"..... _____
7. Subtotal of Age and Blindness Exemptions – add Lines 5 & 6 _____
8. **Total exemptions (add Lines 4 and 7)** _____

----- CUT HERE AND SEND TO THE PAYER OF YOUR PENSION OR ANNUITY -----

**Form VA-4P Virginia Withholding Exemption Certificate for
Recipients of Pension and Annuity Payments**

Your Social Security Number	Name		
Street Address			
City	State	ZIP Code	

Complete the applicable lines below:

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions – Line 4 of the Personal Exemption Worksheet..... _____
 - (b) Subtotal of Age and Blindness Exemptions – Line 7 of the Personal Exemption Worksheet..... _____
 - (c) Total Exemptions – Line 8 of the Personal Exemption Worksheet..... _____
2. Enter the amount of additional withholding requested (see instructions)..... _____
3. Enter the amount of voluntary withholding requested (see instructions)..... _____
4. I certify that I am not subject to Virginia withholding, either because I have elected "no withholding" for federal purposes, or I meet the conditions for exemption set forth in the instructions for Form VA-4P. (Check here.)

Signature _____

Date _____

FORM VA-4P
LINE BY LINE INSTRUCTIONS
PERSONAL EXEMPTION WORKSHEET

In order to compute the proper amount of Virginia income tax withheld, your payer must know the number of personal exemptions you are entitled to claim. The Personal Exemption Worksheet is designed to allow you to review all of the possible exemptions so that you can choose the appropriate number to report to your payer.

You may not claim more exemptions on Form VA-4P than you are entitled to claim on your income tax return, unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

Retain this worksheet for your records.

FORM VA-4P

Be sure to enter your name, address, and Social Security number in the spaces provided. Your payer must have this information to properly identify your withholding liability.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions – Line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness – Line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions – Line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have an additional amount withheld from your payment, enter the amount on Line 2.

Line 3. If you elected “no withholding” for federal purposes, but wish to have Virginia income tax withheld, enter the amount you want withheld from each payment on Line 3.

Line 4. If you are not subject to Virginia withholding, check the box on Line 4. You are not subject to Virginia withholding if you meet any of the following conditions:

- (a) You elected “no withholding” for federal purposes; or
- (b) You are not a resident of Virginia; or
- (c) You incurred no income tax liability for last year and do not expect to incur a liability for this year; or
- (d) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

Sign Form VA-4P, cut at the line indicated, and file the completed form with your payer.



Retiree Insurance 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.

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.

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

Signature

Date

Election of Retiree Insurance Benefits

<i>Member Information</i>					
1. Name (First) (MI) (Last) (Jr./Sr.)	2. Employee #	3. LAST FOUR OF SOCIAL SECURITY #			
4. Home Address (Street, City, State, Zip)					
5. Home Email Address:					
6. Phone Home Cell: Other:	7. Last Day of Employment				

Insurance Elections:

	Continue	Discontinue	n/a	Plan	Level of Coverage
Medical				Cigna Coinsurance Cigna Copay Cigna Choice Kaiser UnitedHealthcare Kaiser Medicare	Single + Spouse/Adult + Child(ren) + Family
Dental				Standard Enhanced	Single + Spouse/Adult + Child(ren) + Family
Supplemental Life (cannot exceed coverage as active employee; \$10K max if age 65+)				\$5,000 (\$7.26/mo) \$10,000 (\$14.51/mo) \$25,000 (\$36.28/mo)	\$50,000 (\$72.55/mo) \$75,000 (\$108.83/mo) \$100,000 (\$145.10/mo)

Dependent Enrollment Information: If covering a spouse, prior to retirement, you must email the first page of your most recent Federal tax return to: HRDocs@arlingtonva.us. You may redact the financial information.

Relationship	Name	Date of Birth	SSN	Medicare Number * (HICN)	Medicare Part B Effective Date*
Self					

*Note: 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 Retiree Insurance Benefits (cont'd)

Medicare Eligibility: 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 retiree insurance 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 ("ACERS")

2100 CLARENDON BOULEVARD – SUITE 511

ARLINGTON, VIRGINIA 22201

TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265 EMAIL: Benefits@arlingtonva.us

Name:	Employee Number:
Home Email:	Department:
Home Cell:	Work Phone:
Other Phone:	Last Day of Employment:

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

Vacation Leave: Number of Hours to Cash In: ALL

Comp Leave: Number of Hours to Cash In: ALL

Sick Leave:

Hours to be used for service credit: _____

Hours to be paid in cash: _____ (Only available to those who were hired before 1/1/01.)

Enter the total number of sick hours. 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

Additional Clarifying Notes:	Benefits Staff Assisting with Form:
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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 & state taxes.**

Unused leave will be paid on the same pay date as my last regular pay, as long as my department submits my separation notice in PRISM+.

Employee's Signature:	Date:
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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.

Vacation/Comp Leave Election

understand that:

- All of my unused vacation and compensatory leave will be paid to me.
- I can receive my payout as cash or defer it into my 457 plan.
- Any vacation and compensatory leave paid to me will be applied as retirement service credit.
- **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:
