ICMA-RC Deferred Compensation Program

Deferral Change Form

Use this form to make changes in the amount of your contribution to your ICMA-RC Deferred Compensation Plan.

2016

Employee Name _____

Employee ID #_____

Employer Plan # **300104** Employer Plan Name **City of Cincinnati** State **OH**

2015 Deferral Limits (Limits are for the calendar year)

Normal Deferral: $18,000
Age 50 and Over: $24,000
Pre-Retirement Catch-Up: $36,000

457 Plan

I authorize my employer to deduct $ _____ or _____% pre-tax from each pay period as a deferral to my ICMA-RC 457 Deferred Compensation Program account.

This change to be effective on: _____Next Available Pay OR for paydate ____/ ____ / ____ .

_____ _____
EMPLOYEE SIGNATURE DATE

**Change request forms must be received by the Retirement Office by the last Friday of a pay period in order for the change to be effective for that pay period.*
*** Forms should be interoffice mailed to:* ***Cincinnati Retirement System, City Hall, Room 240****.*