



THE TILLAMOOK COUNTY RETIREMENT PLAN

**TILLAMOOK COUNTY
HUMAN RESOURCES**

201 Laurel Avenue
Tillamook, Oregon 97141
(503) 842-3418
TTY/TDD 1(800) 833-3232

Action Requested:	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Change Voluntary Contribution <input type="checkbox"/> Change of Information
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EMPLOYEE INFORMATION			
Member Name:		SSN:	
Mailing Address:		Date of Birth:	
City:	State:	Zip:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone:	Email:		

BENEFICIARY INFORMATION			
Beneficiary Name:		Relationship:	
Mailing Address:		Date of Birth:	
City:	State:	Zip:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone:	Email:		

Beneficiary Name:		Relationship:	
Mailing Address:		Date of Birth:	
City:	State:	Zip:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone:	Email:		

RETIREMENT ACCOUNTS OPTIONS - <i>Check one box only</i>	
REGULAR EMPLOYEE	
<input type="checkbox"/>	I do not wish to participate at this time. I understand that I will not be able to start my contributions until July 1 of any year following my initial enrollment opportunity.
<input type="checkbox"/>	I wish to make an after-tax deduction to the Voluntary Plan Account and authorize Tillamook County to make a deduction from my monthly earnings. This amount must be at least \$10 and not more than 10% of your gross monthly pay. <i>Amount must be rounded down to the nearest dollar.</i>
<input type="checkbox"/>	I have elected to suspend my contributions at this time. I understand that I will not be able to resume Voluntary Contributions until the following July 1.

UNIFORMED PUBLIC SAFETY EMPLOYEE	
<input type="checkbox"/>	I do not wish to make Unit Purchase contributions at this time. I understand that I will not be able to start my contributions until July of any year following my initial enrollment opportunity.
<input type="checkbox"/>	I elect to make Unit Purchase contributions and authorize Tillamook County to deduct the following: Age at Date of Entry (____) X Cost of Unit (\$____) X Units <i>8 Maximum</i> (____) =
<input type="checkbox"/>	I elect to cease making Unit Purchase contributions. I understand that I shall receive a refund of my Unit Purchase contributions balance and that I shall, by such cessation of contributions, forfeit the matching benefit that would have been provided by Tillamook County.

As a new employee, I understand that I become a Member of the Plan on the first day of the month following the completion of a full 6 calendar months of service. I acknowledge that I have received a copy of the Retirement Plan document.

As a current employee participating and making contributions to the Voluntary Retirement Account, I have elected to make the changes noted above. This will be in effect starting the next available payroll cycle following this election. I understand that this change supersedes all other designations.

Employee Signature: _____ Date: _____

FOR OFFICE USE			
Payroll:	Date of Hire:	Date of Entry:	Today's Date: