



CLACKAMAS COUNTY DEFERRED COMPENSATION PLAN EZ ENROLLMENT/PARTICIPATION AGREEMENT

666890 Clackamas County
 666891 Clackamas County Housing Authority

PARTICIPANT INFORMATION

Name _____ (Last) (First) (MI) Social Security # _____
 Address _____ (Number, Street, Apt#) Date of Birth _____
 _____ (City) (State) (ZIP) Employee ID# _____
 Phone (_____) (_____) (_____) Date Employed/Rehired _____
 Daytime Phone No. Evening Phone No.
 Agency _____ E-mail Address _____ Rehired? Check if yes Gender Male Female

DEFERRAL ELECTION

Deferred Compensation amounts shall be withheld and deposited PER PAY PERIOD as follows:

County Paid Contributions NONREPRESENTED GROUP 1 6.27% \$ _____ = \$ _____
 PEACE OFFICERS ASSOCIATION 4.00% x BASE SALARY AMOUNT CONTRIBUTED
 FOPPO (PAROLE & PROBATION) 1.00% PER PAY PERIOD PER PAY PERIOD
 CCOM 1.00% - 3.00%

Employee Paid Deferral Amount \$ _____ - or- _____% \$ _____ = \$ _____
 FLAT AMOUNT OF BASE SALARY x BASE SALARY AMOUNT DEFERRED
 PER PAY PERIOD PER PAY PERIOD PER PAY PERIOD PER PAY PERIOD

Employee Paid Roth Deferral Amount \$ _____ - or- _____% \$ _____ = \$ _____
 FLAT AMOUNT OF BASE SALARY x BASE SALARY AMOUNT DEFERRED
 PER PAY PERIOD PER PAY PERIOD PER PAY PERIOD PER PAY PERIOD
Minimum \$325.00 per year

If the amount contributed or deferred is based on percent of base salary, the amount will change when your base salary changes.

Effective Date: This agreement will be effective the first available pay date of the month following the month this form is completed. The cut off date for forms is the 20th of the month. Forms received after the cut off date will be effective the second month following receipt.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the Plan. The total percentage for primary beneficiary must total 100%. The total percentage for contingent beneficiary, if applicable, must total 100%.

Complete Legal Name, Address and Phone #	Relationship	SSN	Date of Birth	Primary	Contingent	%
				<input checked="" type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYEE ELECTION TO UTILIZE EZ ENROLLMENT

I have received a packet of information outlining the Deferred Compensation Plan, as well as an enrollment kit which includes information about the contract and investment options. I understand I am electing to utilize the Clackamas County EZ Enrollment / Participation process and will have my contributions invested in the default fund identified below, which has been designated by Clackamas County. I further understand that I can change my investment allocation at any time by contacting Voya Financial® at (800) 584-6001 or linking to Account Access from www.voyaretirementplans.com/custom/clackamas.

Your Date of Birth	Fund #	Fund Name
Prior to 12/31/1937	2558	Clackamas TimeFrame Income
Between 01/01/1938 and 12/31/1942	2559	Clackamas TimeFrame 2005
Between 01/01/1943 and 12/31/1947	2560	Clackamas TimeFrame 2010
Between 01/01/1948 and 12/31/1952	2561	Clackamas TimeFrame 2015
Between 01/01/1953 and 12/31/1957	2562	Clackamas TimeFrame 2020
Between 01/01/1958 and 12/31/1962	2563	Clackamas TimeFrame 2025
Between 01/01/1963 and 12/31/1967	6166	Clackamas TimeFrame 2030
Between 01/01/1968 and 12/31/1972	2564	Clackamas TimeFrame 2035
Between 01/01/1973 and 12/31/1977	6167	Clackamas TimeFrame 2040
Between 01/01/1978 and 12/31/1982	6168	Clackamas TimeFrame 2045
Between 01/01/1983 and 12/31/1987	2565	Clackamas TimeFrame 2050
Between 01/01/1988 and 12/31/1992	6169	Clackamas TimeFrame 2055
After 01/01/1993	6170	Clackamas TimeFrame 2060

I certify that the information on this form is true, complete and accurate.

**RETURN COMPLETED
FORM TO:**

Clackamas County, DES
2051 Kaen Road, Suite 310
Clackamas, OR 97045-4035

FAX: (503) 742-5468

Employee's Signature _____ Date _____
 Clackamas County's Signature _____ Date _____
 Voya Representative's Signature _____ Date _____