



County of Santa Cruz
Deferred Compensation Deduction Form



Instructions: Please complete the required fields below.

For any questions or concerns regarding the DocuSign form, please call 454-2600.

Dept. Code	Employee#	Employee Name	Phone#

Effective Pay Period: year _____ pay period _____

The 457 Deferred Compensation plan is governed by IRS rules and regulations.
The county will process your contribution change accordingly or as soon as administratively possible.

2025 ANNUAL 457 CONTRIBUTION LIMITS

- \$23,500** Normal Limit
- \$31,000** Age-50 Catch-Up Limit
- \$47,000** Pre-Retirement/Three-year Catch-Up Limit (enrollment required)

Action Codes:

- A = Adding contribution for the first time/re-adding
- C = Changing amount by increasing/decreasing
- D = Deleting contribution

<u>Actions:</u>

Fill in the **total amount** you would like withheld from your pay each pay period.
Your deductions will stay in place until you submit another deduction form.

DEDUCTION CODE	Total Amount Per Pay Period
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TRADITIONAL 457 PRE-TAX CONTRIBUTION

4600X	Fixed Dollar Amount	\$
4600P	Percentage Amount	%

ROTH 457 AFTER-TAX CONTRIBUTION

4602T	Fixed Dollar Amount	\$
4602PT	Percentage Amount	%

**I AUTHORIZE THE AUDITOR-CONTROLLER TO TAKE THE STATED ACTION ABOVE FROM MY PAY,
EACH PAY PERIOD, TO BE CONTRIBUTED TO MY 457 DEFERRED COMPENSATION PLAN.**

Employee E-Signature

Authorized E-Signature

Date _____

Date _____