



**ONE-TIME DEFERRED COMPENSATION
CONTRIBUTION CHANGE FORM**

Participant Name: (Last, First, M.I.)	Social Security Number (last four digits only):
Department/Location:	Phone Number:

A. CONTRIBUTION CHANGE (check applicable box)

Last Paycheck: Last Day Worked:

Incentive Pay: Pay Period:

Vacation Payout: Pay Period:

B. CONTRIBUTION CHANGE- BEFORE-TAX CONTRIBUTIONS

Employee % or \$

Increase: From:

Decrease: To:

C. ROTH - AFTER-TAX CONTRIBUTIONS

Only complete this section if your contract includes a Roth contributions feature.

Employee % or \$

Increase: From:

Decrease: To:

I am utilizing the plan's age 50+ catch-up provision. You must be age 50 or older by the end of the calendar year in which this deferral election is effective.

IRS 2024 Annual Contribution Limits:

1. Regular Contribution: \$ 23,000
2. Age 50+: \$30,500
3. Pre-retirement Catch-up: \$46,000

D. EMPLOYEE SIGNATURE

By execution of this document, the Employee authorizes the Before-Tax Contributions or Roth After-Tax Contributions indicated above.

Employee Signature

Date

Email form to Payroll@washoecounty.gov.