



SUFFOLK COUNTY

PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

Labor and Management Working as One

Alan Schneider
Chair
County Personnel Director

Debbie Troise
Plan Administrator

John Della Rocca
Vice Chair
Deputy Sheriff's Police Benevolent Assoc

John Keary
Treasurer
Detective Investigators Association

Lynne Bizzarro
Chief Deputy County Attorney

Christina Blake
Payroll Supervisor

Jeffrey Cergol
Detective Association

Kathy Engelhardt
Chief Auditor

Daniel Farrell
Association of Municipal Employees

Donald Grauer
Probation Officers Association

James Gruenfelder
Superior Officers Association

Joseph Link
Police Benevolent Association

Terry Maccarrone
Coordinator of Community Based Programs

Douglas Miller
Director of Management Information Serv.

Michael Polchinski
Correction Officers Association

Beth Reynolds
Assistant Budget Director

Kristine Sciangula
Sr. Personnel Analyst

Debbie Troise
Department of Civil Service

Marion Smith
Secretary to the Board
Sr. Assistant to the Personnel Officer

PROGRAM PROVIDERS

T. Rowe Price
1-888-457-5770
VALIC
1-800-942-7475

Dear Participant:

Attached please find the Public Safety Officer Qualified Health Insurance Premium Payment Authorization Form ("Form").

Due to a legislative change on the federal level, government deferred compensation plans can include a provision that benefits retired public safety officers (PSOs). On May 28, 2008, the Suffolk County Public Employees Deferred Compensation Board adopted this provision by amending its Suffolk County 457 deferred compensation plan ("Plan"). The Plan permits eligible PSOs who, by reason of disability or attainment of normal retirement age, are separated from service as public safety officers with an employer who maintains the eligible retirement plan to withdraw up to \$3000 annually from the Plan, free from income tax, to pay for qualified health insurance premiums for accident, health, or long term care for themselves, their spouses or dependents. The amount distributed must be paid directly from the Plan to the insurance provider and must not exceed the amount paid by the participant for such qualified health insurance premiums for the tax year.

Please attach a copy of the premium notice to the Form and follow the instructions for submitting the Form. The funds will be withdrawn from the Plan pro-rata, that is, proportionally from each of your investments. For example, assume that 70% of your money is in Investment A and 30% is in Investment B, and you elect to transfer \$ 3,000 to your insurance carrier. That means \$2100 would come from Investment A and \$900 would come from Investment B. Some mutual funds may impose a short-term trading fee. Please read the underlying prospectuses carefully.

The withdrawal will be forwarded to your insurance carrier via hard check.

If you have accounts with both providers of the Plan, it is your responsibility to aggregate the withdrawals to ensure you do not exceed the \$3000 annual limit.

Please note that by signing and submitting the request, you are certifying that you are an eligible public safety officer under the Internal Revenue Code Section 402(l) and the rules, regulations and guidance issued thereunder, and that the payment is being remitted for qualified health insurance premiums. Not all insurance plans qualify for this distribution. Distributions made to pay for unqualified participants and/or unqualified insurance premiums may be subject to income tax liabilities and penalties. Consult your professional tax advisor prior to completing this Form to determine if you and your insurance plan qualify.

Very truly yours,

Suffolk County Public Employees Deferred Compensation Board

c/o Civil Service Dept., PO Box 6100, Bldg. 158, Hauppauge, NY 11788-0099

**Suffolk County Public Employees Deferred Compensation Plan
Retired Public Safety Officer Qualified Health Insurance Premium
Payment Authorization Form**



Group ID#: 61616001 Account #: _____

VALIC Retirement Services Company

You must include your account number on this form. Failure to do so will delay or prevent processing. You can locate your account number by:

1. Contacting the Call Center at 1-800-942-7475,
2. Contacting your financial advisor with VALIC,
3. Viewing your last quarterly statement located on page 2 under Plan Summary. The seven digit account number is located under "Account Number".
Logging into your account through the Web site at www.valic.com/suffolk. Click on login access your account. Your account number can be located on the first screen after logging into your online account. The seven digit account number is located under "Account Detail".

1. PARTICIPANT INFORMATION

Name: _____ SSN: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Daytime Phone: (____) _____ Evening Phone: (____) _____ Date of Birth: _____
Name of Insured: _____
Policy Number: _____ Retirement Date: _____

2. DISTRIBUTION METHOD

Pursuant to the enclosed Health Insurance premium notice, I hereby authorize the transfer of:
\$ _____ to the following insurance carrier. Premium Due Date: _____
Insurance Carrier: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____

A copy of the insurance premium notice must be included with this form. Your request will be delayed if you do not include a copy of the premium notice. We must receive this form and a copy of the insurance premium notice no later than 15 days prior to the premium due date.

3. PARTICIPANT'S AUTHORIZATION AND CERTIFICATION

I hereby authorize the Plan's trustee to pay the Health Insurance premiums directly to my insurance carrier. I understand that these benefits will be paid directly to the carrier (subject to a \$3,000 per year limitation) and will not be made to me. I understand that I can take a combined maximum of \$3,000 per year from all providers of the Plan. I certify that I am an eligible public safety officer who, by reason of disability or attainment of normal retirement age, is separated from service as a public safety officer with the County of Suffolk. I further certify that the health insurance premiums qualify to be paid directly to the insurance carrier on a pre-tax basis.

I understand that funds will be sold pro-rata from my Plan account to pay this premium. Some mutual funds may impose a short-term trading fee. Please read the underlying prospectuses of the funds carefully.

I understand that I may be subject to civil and criminal liability for any and all false statements I have provided on this form or any papers attached to or related to this form.

Participant's Signature Date

Please fax this form and any documentation to 1-877-202-0187 or mail to the address below for processing:

VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

If overnight delivery: VALIC Retirement Services Company
1050 N. Western St.
Amarillo, TX 79106-7011

VALIC represents The Variable Annuity Life Insurance Company and its subsidiaries VALIC Financial Advisors, Inc. and VALIC Retirement Services Company.