



EMPLOYEE BENEFITS & PAYROLL DIVISION  
 141 PRYOR STREET, S.W., SUITE 7001  
 ATLANTA, GEORGIA 30303  
 TELEPHONE (404) 612 -7605 FAX:(404) 612-2929  
 Email: [payrollunit@fultoncountyga.gov](mailto:payrollunit@fultoncountyga.gov)

## 457(b) DEFERRED COMPENSATION PRE-TAX AND ROTH SALARY DEFERRAL DEDUCTION FORM

The Salary Deferral Form is not an enrollment form, it is a form to elect or change your 457(b)-contribution amount. Empower customer service number is 800-701-8255. To schedule an appointment with Che Bailey, Fulton County's Retirement Plan Advisor, please email [che.bailey@empower.com](mailto:che.bailey@empower.com) or call (720) 357-0419.

### 401(a) Defined Contribution Plan Participant Match

If you are a participant in the County's 401(a) Defined Contribution Plan (the "DC Plan"), the County will make an Employer Matching Contribution for each payroll period equal to 50% of the first 4% of your pay for the Plan Year that you contribute to the 457(b) Plan. The County will make a maximum contribution of 2% of your pay to the DC Plan on your behalf.

#### 2024 IRS Contribution Limits:

Under Age 50 Pretax and Roth combined contribution limit	\$23,000
Age 50 and Older Pre-Tax and Roth combined catch-up contribution limit <i>(You are eligible for the catch-up contribution if you reach age 50 anytime during the calendar year)</i>	\$30,500
Special Pre-Tax & Roth 3 Year Pre-Retirement Catch-Up (3 years prior to Normal Retirement Age)_ <i>(Normal Retirement Age (NRA) is age 70½, unless you designate an earlier alternative NRA, which may not be earlier than the earliest date you are eligible to retire with full retirement benefits under the County's defined benefit plan or the DC Plan, and cannot be later than age 70½. If you are a qualified Public Safety Officer, your designated alternative NRA can be between ages 40 and 70½. Contact Empower to confirm eligibility. Eligibility must be confirmed to participate.)</i>	\$46,000

*\*The pre-tax in addition to the after-tax Roth contributions cannot exceed the IRS contribution limit for the calendar year.*

NAME (Print Full Legal Name)	EMPLOYEE ID# (Required):
DEPARTMENT:	PHONE NUMBER:

I authorize Fulton County Government to defer the following **percent** of my total gross compensation over 24 pay periods:

#### TRADITIONAL PRE-TAX (Before Tax) 457(b) – Select One

<input type="checkbox"/> 1.08% of Pre-Tax Payroll Amount (Biweekly), or 1.00% of Pre-Tax Payroll Amount (Monthly)	<input type="checkbox"/> 2.17% of Pre-Tax Payroll Amount (Biweekly), or 2.00% of Pre-Tax Payroll Amount (Monthly)
<input type="checkbox"/> 3.25% of Pre-Tax Payroll Amount (Biweekly), or 3.00% of Pre-Tax Payroll Amount (Monthly)	<input type="checkbox"/> 4.33% of Pre-Tax Payroll Amount (Biweekly), or 4.00% of Pre-Tax Payroll Amount (Monthly)
<input type="checkbox"/> Greater than 4.33% of Pre-Tax Payroll Amount (enter amount in whole percentage)	<input type="checkbox"/> <b>Special Pre-Retirement Catch-Up</b> (enter amount of payroll in whole percentage) <i>I hereby designate the following alternative Normal Retirement Age (NRA): ____ (Contact Empower for eligibility)</i>
<input type="checkbox"/> 0% - Cancellation of deduction	

#### ROTH POST TAX (AFTER-TAX) 457(b) – Select One

<input type="checkbox"/> 1.08% of Post-Tax Payroll Amount (Biweekly), or 1.00% of Post-Tax Payroll Amount (Monthly)	<input type="checkbox"/> 2.17% of Post-Tax Payroll Amount (Biweekly), or 2.00% or Post-Tax Payroll Amount (Monthly)
<input type="checkbox"/> 3.25% of Post-Tax Payroll Amount (Biweekly), or 3.00% of Post-Tax Payroll Amount (Monthly)	<input type="checkbox"/> 4.33% of Post-Tax Payroll Amount (Biweekly), or 4.00% of Post-Tax Payroll Amount (Monthly)
<input type="checkbox"/> Greater than 4.33% of Post-Tax Payroll Amount (enter amount in whole percentage)	<input type="checkbox"/> <b>Special Pre-Retirement Catch-Up</b> (enter amount of payroll in whole percentage) <i>I hereby designate the following alternative Normal Retirement Age (NRA): ____ (Contact Empower for eligibility)</i>
<input type="checkbox"/> 0% - Cancellation of deduction	

#### AUTHORIZATION & ACKNOWLEDGEMENT

I authorize and request Fulton County to defer a portion of my salary into my deferred compensation account(s) each pay period as indicated above, until my termination, retirement, change of election or reaching the maximum deferral allowed per calendar year. I understand that the 457(b) pre-tax Plan deduction will be deducted from my gross pay (before tax) and that the 457(b) Roth Plan deduction will be deducted from my net pay (after-tax).

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Deferred compensation salary deferral elections/changes will be effective as of the first pay period of the calendar month following the date you submit this form or as soon as administratively possible.

**Email completed form to [payrollunit@fultoncountyga.gov](mailto:payrollunit@fultoncountyga.gov) OR fax to (404) 612-2929.**