

COVERSHEET – LUMP SUM SEPARATION PAR PACKAGE

I. **TO:** State Controller’s Office Date: 11/01/21
 PPSD – Statewide Civil Service Personnel

FROM: Dept. State Controller Office Agency Code: 051

Contact: Name: Stephanie Smith Phone: (916) 111-1119
 Email: SGSMITH@SCO.CA.GOV

Back Up: Name: Amanda McClain Phone: (916) 111-1118
 Email: ACGMCCCLAIN@SCO.CA.GOV

Supervisor: Name: Joan Campbell Phone: (916) 111-1117
 Email: JCCAMPBELL@SCO.CA.GOV

II. **EE’s** SSN: 111-11-9999

EE’s Full Name: Tom Fong

III. **If it is determined that the EE does not have enough leave to max out both 401(k) and 457 accounts, which account is the EE’s first choice to max out:**

401(k)/403(b) X 457

IV. **Message:** FIRST TAX YEAR PAR.

Please contribute 401 = \$25,950 and 457 = \$38,950

Additional time held for second tax year.

DOCUMENTS INCLUDED IN THIS LUMP SUM PAR PACKAGE

Select only one PAR choice below:

- PAR for CASH ONLY Lump Sum Separation
 - PAR for CURRENT TAX YEAR ONLY Lump Sum with Savings Plus Contribution*
 - 1st PAR for Lump Sum Separation with Savings Plus Contribution
 - 2nd PAR for Lump Sum Separation with Savings Plus Contribution
- **Never send a duplicate or inquiry PAR to check on PAR status, as this will increase processing time.**

*Current tax year contribution only; EE is not deferring any amount into the following tax year.

PERSONNEL ACTION REQUEST

STD. 680A (REV. 01/2019)

005	SEQUENCE NUMBER	<u>1</u>	OF	<u>1</u>
010	DOCUMENT PROCESSING NUMBER	<u>99</u>		

MAKE NO ENTRIES IN SHADED AREAS

1	SOCIAL SECURITY NUMBER 105	EMPLOYEE LAST NAME 110	FIRST NAME AND MIDDLE INITIAL 111	AGENCY 120	POSITION NUMBER UNIT CLASS SERIAL 121 122 123	DEPT CODE	CBID	COUNTY CODE	OTHER POSITION	BIRTH DATE 140 MM/DD/YY	OPEB CBID 142				
	111-11-9999	Fong	Tom	051	100 7500 999		126	130	135						
2	TRANSACTION CODE 205	EFFECTIVE DATE AND HOURS DATE HOURS 210 MM/DD/YY	EMPLOYMENT HISTORY REMARKS 215	IND ID IND ID IND ID				ESTABLISHED EARNINGS IND ID IND ID IND ID							
	S70	12/01/21													
3	305 ACTUAL RATE	SALARY PER 310	PAY FREQ. 315	BASED ON SALARY 320	GSI CODE 321	PLUS SALARY 325	EXPIRATION DATE MM/DD/YY	ANNIV. DATE 330 MM/YY	ALTERNATE RANGE 335	PAYROLL STATUS 340	SHIFT DIFF. 345	SPECIAL PAY 350	WWG 355	PAY LETTER # 356	EXPIRATION DATE MM/DD/YY
	306 TOTAL SALARY														
4	TIME BASE 405	APPT. TENURE 410	# MOS 415	DATE 416 MM/DD/YY	APPOINTMENT EXPIRATION HOURS 425	CERT. # 426	TYPE OF LIST OR EXMT STAT 430	PROBATIONARY PERIOD CODE ENDING PERIOD MM/DD/YY	MCR APPROVAL CODE FORM DATE MM/DD/YY	SEX 440	ETHNIC ORIGIN 445	PRIOR STATE SERVICE 450	DISABILITY CODE 455		
5	ACCOUNT CODE 505	SAFETY MEMBER 510	SURVIVORS BENEFITS 515	SS/MED MEMBER 520	RETIREMENT RATE (%) 525	EXEMPT AUTHORITY 530	OATH NON-CITIZEN 535 540	MEDICAL CLEARANCE 545	FINGERPRINT 550	PROFESSIONAL LICENSE TYPE EXPIRATION DATE MM/DD/YY	JOB INCURRED INJURY CODE INJURY DATE WCTD/IDL DATE MM/DD/YY				
							<input type="checkbox"/> <input type="checkbox"/>								
6	REASON FOR SEPARATION 603	PAY PERIOD 605 MM/YY	TIME TO BE PAID (NEW) 606 DAS HOURS HDTH	TIME TO BE PAID (OLD) 607 DAS HOURS HDTH	PAY IMMED. 615	LUMP SUM TO BE PAID (S) (V) 620 DAS HOURS HDTH	LUMP SUM EXTRA HOURS 625 DAS HOURS HDTH	LUMP SUM PAYMENT CODE 630	LUMP SUM UNIT SERIAL 635 636	SEPARATION EXPIRATION DATE 645 HOURS	FIXED MAINTENANCE FIRST / FINAL DED. MONTHLY DED. 655				
			22 000 00		<input checked="" type="checkbox"/>	89 004 00		3	912						
7	TOTAL STATE SERVICE MONTHS HOURS AS OF 705 MM/DD/YY			INTERMITTENT DATES AND HOURS 1) _____ THRU _____ 2) _____ THRU _____ 3) _____ THRU _____ 710 MM/DD/YY MM/DD/YY HRS TNTH				SERVICE PAY PERIOD 715 MM/YY	REEMPLOYMENT LIST CLASS 720	REEMPLOY LIST ELIG. 725	MCP WAVE NUMBER 730	735	750		
	888	1200													
9	999	See Remarks													
10	BACKUP INFORMATION <input type="checkbox"/> ON FILE FOR AUDIT <input checked="" type="checkbox"/> SUBSTANTIATION IN REMARKS OR SEE ATTACHED		REMARKS First Tax Year PAR. 401 = \$25,950. 457 = \$38,950								KEYED BY INITIALS	DATE MM/DD/YY			
11	FOR THE APPOINTING POWER For Agencies in State Payroll System: The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster changes filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved established positions. Any oath required by Sections 18150 through 18158 of the Government Code has been taken and is on file in the employee's official file. Payment by the State when required under Sections 12470 through 12481, inclusive, of the Government Code is hereby approved. Attendance data stated herein is correct, complete and in accordance with all laws and regulations.										CONCURRING APPOINTING POWER SIGNATURE(S) 				
	SIGNATURE Stephanie Smith			DATE 11/02/21	PHONE (916) 111-1119			CONTACT PERSON Stephanie Smith							

Lump Sum Separation Pay Contribution Election Form



Submit this original completed form to your personnel office at least five (5) workdays (Monday through Friday, excluding Saturdays, Sundays and legal holidays) prior to separation. Be sure to keep a copy for yourself. However, personnel offices request you submit your paperwork 30 days prior to separation of service in order to accommodate necessary discussions that may impact timely completion of the paperwork.

SECTION I Participant Information	Last Name, First Name, MI Tom Fong	
	Mailing Address 123 Controller Lane	
	City, State, Zip Code Sacramento, CA, 95822	Daytime Telephone Number (916) 111-1234
	Separation Date (mm/dd/yyyy) 12/01/2021	Alternate Contact Telephone Number (916) 123-1111
	Please provide your primary email address so that your department can contact you. TomFong@email.com	

SECTION II Contribution Information	<p>* A. Write the amount you will have contributed to each plan for the tax year you separate. If SCO is your pay center, your December contribution from the previous year will be included this year. Include all of your future payroll contributions in your contribution calculations as this will impact the amount of Lump Sum Separation Pay you may defer based on annual limits. Keep in mind, if you are separating in December, your December monthly contribution needs to be calculated as part of your current year contributions. Do not include the Lump Sum Separation Pay you will contribute after you separate.</p> <p><input checked="" type="checkbox"/> Pre-tax 401(k) Amount \$ <u>50.00</u> <input type="checkbox"/> Roth 401(k) Amount \$ _____</p> <p><input checked="" type="checkbox"/> Pre-tax 457(b) Amount \$ <u>50.00</u> <input type="checkbox"/> Roth 457(b) Amount \$ _____</p>																			
	<p>* B. Write the amount you elect to contribute to your Savings Plus account from your Lump Sum Separation Pay in the relevant boxes below. Include approved 457(b) Traditional Catch-Up contributions in the totals below. If you are contributing for two tax years, include totals for both years on one form.</p>																			
	<table border="1"> <thead> <tr> <th rowspan="2">Plan Year</th> <th colspan="2">401(k)</th> <th colspan="2">457(b)</th> </tr> <tr> <th>Pre-tax</th> <th>Roth</th> <th>Pre-tax</th> <th>Roth</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>\$ 25,950</td> <td>\$</td> <td>\$ 38,950</td> <td>\$</td> </tr> <tr> <td>2022</td> <td>\$ 26,000</td> <td>\$</td> <td>\$ 39,000</td> <td>\$</td> </tr> </tbody> </table>		Plan Year	401(k)		457(b)		Pre-tax	Roth	Pre-tax	Roth	2021	\$ 25,950	\$	\$ 38,950	\$	2022	\$ 26,000	\$	\$ 39,000
Plan Year	401(k)			457(b)																
	Pre-tax	Roth	Pre-tax	Roth																
2021	\$ 25,950	\$	\$ 38,950	\$																
2022	\$ 26,000	\$	\$ 39,000	\$																

* The total amount of Section II item A and the amount in item B that is applicable to this tax year cannot exceed the maximum annual contribution limits. Contributions to the 403(b) must be included when calculating 401(k) limits.

If Lump Sum Separation Pay is not sufficient to contribute the maximum to both plans, I elect to contribute the maximum to:

Pre-tax 401(k) Pre-tax 457(b) Roth 401(k) Roth 457(b)

I request a contribution of Lump Sum Separation Pay in accordance with my election above and California Labor Code Sections 201(b) and 202(b). I take full responsibility for providing my request to my personnel office five (5) workdays prior to my separation date and understand the terms and conditions of deferring all or a portion of my Lump Sum Separation Pay. I have verified my request prior to submission and understand that changes will not be accepted after the five day threshold has passed. If applicable, I have attached a copy of my Traditional Catch-Up Approval Letter.

I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature Tommy Fong	Digitally signed by Tommy Fong Date: 2021.10.25 17:01:31 -07'00'	Date
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SECTION III Participant Certification	<p>Personnel Office Use Only Refer to SCO personnel letters applicable to Lump Sum Separation Pay for instructions on completing the separation PAR. Attach this request with a copy of the separation PAR and, if applicable, the Traditional Catch-Up Approval Letter from the employee. Retain a copy with the employee file. Do not submit a copy to Savings Plus.</p>	<p>California Department of Human Resources Privacy Notice on Information Collection (rev. 7/16) This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR), Savings Plus Program, is requesting the information specified on this form pursuant to California Government Code sections 19993 and 19999.5. The information collected will be used for identification of your account and will be disclosed to the Savings Plus Administrative Services Provider (Nationwide) for processing of your request as indicated on the form. Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process the action(s) indicated on the form as requested.</p> <p>Department Privacy Policy The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy at https://www.calhr.ca.gov/pages/privacy-policy.aspx.</p> <p>Access to Your Information The CalHR Privacy Officer is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact: CalHR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / (916) 324-0455 / CalHRPrivacy@calhr.ca.gov NRM-13436CA-CA.7</p>
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DANIEL E KIEFER
Page 1 of 1

Date prepared
Questions?
Visit us online

Call 855-616-4776
Go to savingsplusnow.com to learn
about our products, services and
more.

Tom Fong
123 Controller Lane
SACRAMENTO, CA 95822

**Your traditional
catch up
contribution request
has been approved**

**Access your
information online**
Register for the online
service center at
savingsplusnow.com

Dear Tom Fong,

Your 457(b) traditional catch up contribution request has been received and approved.

Plan details

Plan name: State of California Savings Plus 457(b)
Account number: 999-9999999

Understanding the details

In addition to the annual deferral limit, you are eligible for the following traditional catch up amount(s):

Approved Catch Up Amount	Contribution Year
\$19,500.00	2021
\$19,500.00	2022

We are here to help

If you have any questions or need additional information, contact the Savings Plus Service Center at (855) 616-4776. Our customer service representatives are available Monday through Friday, 5 a.m. to 8 p.m. PT.

10 W. Nationwide Boulevard, Columbus, OH 43215

Retirement Specialists are Registered Representatives of Nationwide Investment Svcs. Corporation, Member FINRA, Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.

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