



**County of Sacramento Deferred Compensation Plan
Unforeseen Emergency Withdrawal Request Form**

When submitting this form, **supporting documentation** must be attached. **Please type or print.**

Social Security Number	Last Name	First Name	
Mailing Address	City	State	Zip
Date of Birth / /	Home Phone#	Office/Mobile Phone#	

Helpful to Know

- **Accuracy and completeness matter! If you do not attach valid proof of eligible expenses, your request will be reduced or denied.**
- If the market value of your account declines before your request is processed, your distribution could be less than is shown in this form.
- Workplace retirement plan distributions may have tax consequences for both pre-tax and Roth distributions. You may want to consult a tax or financial professional.

Your County of Sacramento Deferred Compensation Plan account is not a savings account but a supplemental retirement account. The tax laws regulating this type of plan require that you have no other available source of funds before requesting an unforeseen emergency withdrawal. If you have insurance, a regular savings account, or if you have any assets, whereby the sale would help pay the expenses of your emergency, then you must first use these resources before withdrawing from your County of Sacramento Deferred Compensation Plan account. If the sale of an asset would cause you further financial unforeseen emergency, such sale is not required. **Your request must be only for the amount necessary to cover your unforeseen emergency and taxes and any penalties.**

Available Options

Can this unforeseeable emergency be completely or partially relieved through the following options:

Yes / No

- Reimbursement or payment by insurance or other sources?
- The reasonable liquidation of assets, provided the liquidation would not itself cause an immediate heavy financial need?
- Loans available from my 457(b) account?
- The cancellation of elective deferrals under the 457(b) Plan?

If you answered “Yes” to any of the questions above, you are not eligible for an unforeseeable emergency withdrawal until the option(s) for which you have answered “Yes” is exhausted or until you provide documentation that your unforeseeable emergency cannot be completely relieved through the source(s) indicated above. If you answered “no” to all of the available option questions, then you may proceed to completion of this Unforeseen Emergency Application.



Deferred Compensation Plan

Unforeseen Emergency Withdrawal Request Instructions

In order to qualify for an unforeseen emergency withdrawal, your situation must meet one of the following Internal Revenue Service (IRS) definitions of an unforeseen emergency:

1. Medical expenses from a sudden and unexpected illness or accident not reimbursed by insurance
2. Prevention of foreclosure or eviction from a primary residence
3. Funeral expenses for a family member
4. Property Damage Due to Casualty/Natural Disaster

Unforeseeable emergencies do not include the following:

The following expenditures are not considered unforeseeable emergencies:

- Home purchase
- Credit card debt
- Medical/dental expenses associated with Plan deductibles
- Automobile purchase or repossession
- College expenses or other educational expenses
- Normal monthly bills, such as rent, utility bills (including shut-off), or mortgage payments (except when such bills result directly and solely from illness or casualty loss)
- Loans, including personal loans
- Elective surgery (not covered by medical insurance)
- Income tax or property tax, back taxes, or fines associated with back taxes
- Personal bankruptcy (except when it results directly and solely from illness or casualty loss)
- Divorce or marital separation
- Legal expenses
- Wage garnishment
- Child Support
- Resignation
- Speculative business (self-employed)
- Moving Expenses

You must include with your application the required **documentation** supporting your unforeseen emergency, including, if applicable, an explanation from your insurance company showing payments or denials. If you have any questions, please call 916-874-4695.

Unforeseeable Emergency Statement:

Please state in your own words the event (give date) that has occurred since you enrolled in the Plan, which has caused you to have an unforeseeable emergency: (Attach additional sheets if necessary).

Complete the following:

1. My financial Unforeseen Emergency is due to the following circumstances (*you must submit the required documentation*):

- Medical expenses from a sudden and unexpected illness or accident not reimbursed by insurance
- Prevention of foreclosure or eviction from a primary residence
- Funeral/burial expenses for an immediate family member
- Property Damage Due to Casualty/Natural Disaster

Documenting Your Distribution Reasons:

You MUST provide acceptable documentation to support your requested unforeseen emergency withdrawal amount. Below are the expenses your plan rules allow you to claim and the types of documentation to submit. **Documentation that is not acceptable will not be considered. We cannot distribute more than the amount you requested, even if you supply documentation for a higher amount.**

Review the “Expenses and Documentation Details” at the end of the instructions. Select the unforeseen emergency reasons that fit your situation, and provide the required documentation.

- Preventing eviction or foreclosure
- Property Damage due to natural disaster
- Out-of-pocket medical expenses
- Current funeral or burial expenses

You MUST provide acceptable documentation to support your unforeseen emergency withdrawal request. Below are the expenses your Plan rules allow you to claim and the types of documentation to submit. **Documentation that is not acceptable will not be considered. We cannot distribute more than the amount you requested, even if you supply documentation for a higher amount that includes fees, late payments expenses, financing expenses, etc.**

Preventing Eviction/Foreclosure

Eligible Expenses	Required Documentation
<p>For your principal residence ONLY. <u>The address must be the address registered as your primary address with the County of Sacramento.</u></p> <p>Second home, vacation home, or investment property expenses are not eligible.</p> <ul style="list-style-type: none"> • Eviction • Foreclosure 	<p>Foreclosure:</p> <ul style="list-style-type: none"> • If foreclosure, letter dated within 60 days from the mortgage company indicating the dollar amount needed to prevent imminent foreclosure or acceleration on your primary residence. The documents submitted must specifically say that the property is in imminent foreclosure, late payment statements are not acceptable. • Must include the property address of the loan under threat of foreclosure. <p>Eviction:</p> <ul style="list-style-type: none"> • If eviction, 3 day Pay or Quit notice, letter dated within 60 days from the landlord/leasing agency or court ordered eviction notice indicating the dollar amount needed to prevent imminent eviction from your primary residence • Lease agreement, showing monthly rent amount

Out-of-Pocket Medical Expenses

Eligible Expenses	Required Documentation
<p>Can be for you, your spouse, dependents* (as defined by the IRS), or primary beneficiary (if allowed by plan). See Internal Revenue Code (IRC) section 213(d) for a full list of eligible expenses.</p> <ul style="list-style-type: none"> • Hospital visits • Ambulance services • Licensed physician, dentist, or orthodontist visits • Laboratory tests ordered by a physician • Prescription medicine • Eye care • Surgery (elective cosmetic procedures not allowed.) • Medically required home improvements 	<p>Expenses must have been incurred within 120 days of the hardship application, cannot be an expense associated with meeting your High Deductible Health Plan expenses and must include patient name. Provide copies of all the following that apply:</p> <ul style="list-style-type: none"> • Health insurer's explanation of benefits (EOB), bills, receipts, or other documentation of expenses recently paid or still owed. • Estimated costs of ongoing treatment under a licensed physician's plan. • Other documents showing any expense reimbursements you have received.

Current Funeral or Burial Expenses

Eligible Expenses	Required Documentation
<p>Can be for your parents, spouse, children, dependents* (as defined by the IRS), or primary beneficiary (if allowed by plan). No prepaid expenses allowed.</p> <ul style="list-style-type: none"> • Funeral expenses • Burial expenses 	<p>Must be dated within the past 3 months and must include deceased's name, funeral date, or date of death. Provide copies of all the following that apply:</p> <ul style="list-style-type: none"> • Bill, invoice, or estimate from cemetery, funeral home, or vendor.

For purposes of an unforeseeable emergency application for funeral expenses, a "dependent" is any person who meets the definition of qualifying relative irrespective of his or her gross income or irrespective of whether he or she is also a qualifying child of any taxpayer.

Property Damage Due to Casualty/Natural Disaster

Eligible Expenses	Required Documentation
<p>Loss of primary residence due to casualty or natural disaster, including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, such as damage that is the result of a natural disaster.</p>	<ul style="list-style-type: none"> • Current, detailed repair bill for damages to your primary residence property. Actual bills are needed, estimates along are not sufficient. • Fire or police report, including department name, date filed and report number (if applicable) • Letter from contractor explaining why repairs are not a result of normal wear and tear • Home owners' insurance documents required: <ul style="list-style-type: none"> ○ Letter from insurance company including a statement from the insurance company showing the date of loss, cause and amount covered by insurance ○ If covered by insurance, letter from insurance company indicating the deductible amount owed for repairs ○ If not covered by insurance, letter from the insurance company indicating a reason why no coverage was provided • Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review.

Dependent Certification

<input type="checkbox"/>	<p>Unforeseeable Emergency Withdrawal for my Dependent</p> <p>I am requesting a withdrawal due to an unforeseeable emergency experienced by my dependent. If my Plan allows it, I must check this box along with checking one of the reasons above and provide financial information, statements and supporting documentation for my dependent in addition to my own financial information, I am providing my most recent income tax returns and/or birth certificates to prove dependency.</p>
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Dependent Definitions:

***A dependent is defined as a qualifying child or a qualifying relative. A qualifying child must:** (i) be the child of the taxpayer or a descendent of such child, or be a brother, sister, stepbrother, or stepsister of the taxpayer or a descendent of any such relative; (ii) have the same principal place of abode as the taxpayer for more than one-half of the taxable year; (iii) satisfy age requirements (i.e., must not have attained age 19 before the close of the calendar year in which the taxable year of the taxpayer begins or, is a student who has not attained age 24 as of the close of the calendar year in which the taxable year of the taxpayer begins, or must be permanently and totally disabled (as defined in Code Section 22(e)(3)); and (iv) not have provided over one-half of such individual's own support for the calendar year in which the taxable year of the taxpayer begins. Code Section 152(c).

A qualifying relative requires that an individual: (1) (i) bear a specified relationship to the taxpayer or be an individual (other than a spouse), described in paragraph 2. (ii) be an individual whose gross income for the calendar year in which such taxable year begins is less than the exemption amount defined in section 151(d), (iii) be an individual for whom the taxpayer provides over one-half of the individual's support for the calendar year; and (iv) not satisfy the definition of a qualifying child of such taxpayer or any other individual. (2) bears a relationship to the taxpayer described in this paragraph if the individual is any of the following with respect to the taxpayer:

- Son or daughter of the taxpayer, or a descendant of either; stepson or stepdaughter of the taxpayer
- Brother, sister, stepbrother, or stepsister of the taxpayer
- father or mother of the taxpayer, or an ancestor of either; stepfather or stepmother of the taxpayer
- Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of the taxpayer
- An individual (other than an individual who at any time during the taxable year was the spouse determined without regard to section 7703, of the taxpayer) who, for the taxable year of the taxpayer, has as his principal place of abode the home of the taxpayer and is a member of the taxpayer's household.

Amount Requested and Notice of Withholdings: *Please read this section carefully.*

I request a withdrawal in the amount of \$ _____ and the documentation of my circumstances provide support for that amount.

- The unforeseen emergency distribution you receive from the County of Sacramento Deferred Compensation Plan is a taxable distribution subject to federal and state income tax withholding unless you elect not to have withholding apply.
- The funds are taxed at a rate of 22% unless you elect not to have withholding apply.
- If an election is NOT made, taxes will be withheld at the rate of 20% federal and 2% state.
- Note you may also be subject to tax penalties if your withholding/estimated tax payments are not sufficient.
- Funds distributed as an unforeseen emergency are not eligible for rollover to another qualified plan or IRA.

Withholding Election *Please check your direction below.*

<input type="checkbox"/> I DO want income taxes withheld	
You may request an amount up to 22% greater than the total need supported by the documentation that you are supplying to cover any taxes or penalties associated with this withdrawal. <input type="checkbox"/> Please indicate that you wish to have the amount requested to include the 22% taxes	<i>For example: If you are requesting a hardship withdrawal in the amount of \$1,000, and you elect to have the 22% added to that amount, the hardship withdrawal will be increased by 22% and the total amount of the hardship withdrawal will be \$1,220.</i>
<input type="checkbox"/> I DO NOT want income taxes withheld	
If you have Roth assets in your account, they will be included in the Hardship withdrawal. There are restrictions about early distribution of Roth assets, and they may be subject to an additional tax.	

Provide Your Consent:

By signing this application, I hereby acknowledge the following:

1. I represent and warrant that my unforeseen emergency cannot be relieved through reimbursement or compensation by insurance or otherwise, by liquidation of my assets, to the extent such liquidation would not itself cause severe financial unforeseen emergency, by loan from the 457(b) plan or by cessation of deferrals under the Plan.
2. I have attached the required documentation supporting this unforeseen emergency withdrawal request (e.g., police report, explanation of health benefits, etc.). **Additional authentication may be necessary before my withdrawal is processed and/or payment released.**
3. I understand that the amount of unforeseeable emergency withdrawal may be limited under the terms of the plan and can never exceed my vested account balance.
4. Under penalty of perjury, I certify that the information provided by me on this withdrawal request, application and supporting documentation, is true and accurate.
5. I understand that, upon submission of this application for an unforeseeable emergency withdrawal, I must **discontinue my contributions** to the County of Sacramento Deferred Compensation Plan, and that I will **not be allowed** to reenter the Plan until a 6-month waiting period has elapsed.
6. Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Payment Process:

If your hardship withdrawal is approved, please provide your preferred method of delivery and the County will notify Fidelity which delivery method you have selected

- Check sent to mailing address---Default if no choice indicated. Allow 7 business days
- Check sent by UPS delivery. The \$25 will be deducted from account. Allow 3-4 business days
- EFT—Enables you to transfer money electronically between your bank and your 457 account. Contact Fidelity to establish the account information. **Please Note:** If EFT is currently not setup on your 457 account, the EFT Bank Account information requires a 10 calendar day waiting period before any withdrawal can be transferred electronically.

Approval Process:

Once all necessary documentation is received (see "Required Documentation" section ABOVE), your request is reviewed and a decision is made within 5-7 business days. You will be notified in writing of the final decision.

NOTE: If approved, you are prohibited for six months from contributing to any employee benefit plan maintained by the State of California. If you are currently contributing to the 457(b), we will automatically stop your deferrals and it will be up to you to restart your contributions.

Before signing this form: I *must* sign this form in the presence of a Notary Public if I am requesting Direct Deposit via ACH or a Wire Transfer or if my withdrawal request will include check delivery to an alternate mailing address. The date that I sign this form must match the date of the Notary Public signature.

My Signature Date (Required)

Participant's Signature	Date
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PLEASE RETURN THIS FORM TO EMPLOYEE BENEFITS OFFICE:

**County of Sacramento
Employee Benefits Office
700 H Street, Suite 4650
Sacramento, CA 95814**

Attention: Emergency Hardship Withdrawal Committee

Fax: 916-874-4621 or email to: MyBenefits@saccounty.net

(Please note: Both options are general delivery to the Employee Benefits office, and while we strive to maintain confidential of each transaction, however, confidential cannot be guaranteed)