

New Castle County



Employees' Pension Program Coverage Election Full Time Non-Police Employee

I, _____, Social Security No.: _____
(Print Name)

As an employee of New Castle County, I acknowledge that after 6 months of service, I agree to make the required contributions to the

County 2011 Plan (3% of Base Salary) Defined Benefit Portion

I further understand that this election is *irrevocable* and cannot be changed at any time. I am aware that should I leave before vesting 10 years credited service I may make application for a refund of my contributions from the Defined Benefit portion of the County 2011 Plan, which will be returned without interest.

Signature of Employee: _____ **Date:** _____

The Office of Human Resources, Pension Section, acknowledges receipt of this election form.

Authorized Signature

Date

I am an employee of New Castle County in the unclassified or excluded service. I elect to waive participation in the New Castle County Employees' Pension Program.

Waive participation in the County 2011 Plan

Under the provisions of Section 26-678 of the New Castle County Code, I hereby irrevocably elect not to become a member of the New Castle County Employees' Pension Program and without reservation waive any right that I might have to become a member of the Pension Program. It is my understanding that this decision will be binding upon me throughout the entire term of my present service with New Castle County.

Signature

Date

Print Name

Sworn to and Subscribed before me, a Notary Public of the State of Delaware, New Castle County on this _____ day of _____, _____.

Notary Public Signature & Seal