



DOUGLAS COUNTY

HUMAN RESOURCES

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REQUEST FOR REFUND OF EMPLOYEE CONTRIBUTIONS

Name

Social Security Number

Department

Date of Birth

Date of Termination/Last Day of Employment or Date of Death

Hire Date

Home Address Street

City

State

Zip Code

Phone

I hereby request a refund of membership contributions and accumulated interest in accordance with Section 5.4 or 5.6 of the Plan.

I understand a refund of contributions and accumulated interest means that I, as a member or as beneficiary, forfeit all rights and other benefits under the Plan. I received the Special Tax Notice Regarding Plan Payments and consent to the above payment. I understand the check will be mailed to the address listed above.

_____ Pay Direct to me **100%** of **Taxable** Balance (*20% Federal & 5% State penalty for early withdrawal*)

_____ Direct Rollover **100%** of **Taxable** Balance to:

Trustee or Custodian Name for Rollover _____

Account #/Plan Name* _____

**A letter of acceptance from the new plan is required to process request.*

After-tax contributions are not taxable or eligible for rollover and will be payable to you.

Signature

Date

Email completed form: dcbenefitsteam@douglascounty-ne.gov or fax: 402.444.6678

FOR ADMIN USE ONLY:

Date submitted: _____

Request approved and payment by the trustee authorized.

Principle: _____

By: _____

Interest: _____

Chairperson, Retirement Committee/Designee

Refund Total: _____

Date

PLEASE NOTE – PENSION REFUNDS MAY TAKE UP TO 8 WEEKS TO PROCESS.