# COUNTY OF SAN MATEO Employee and Public Services Department

DATE:	January 30, 2001
то:	Honorable Board of Supervisors
FROM:	Mary Welch, EPS Director A Paul Hackleman, Benefits Manager
SUBJECT:	Approval of Amendment with Hartford

# RECOMMENDATION

Adopt a resolution authorizing an amendment to an agreement with Hartford to improve deferred compensation administrative services by expediting the process to approve benefit payout to eligible participants.

# BACKGROUND

San Mateo County signed a five year agreement with Hartford in July, 1999 to provide administrative services to County participants in the County's 457 Deferred Compensation Plan The agreement specifies that Hartford will establish individual accounts for participants and manage the contributions, interest growth and distributions of individual accounts

# DISCUSSION

At present, the County notifies Hartford of individuals who are eligible to receive benefit payments under terms of the Deferred Compensation plan by individual letters which are written by the Benefits Manager, sent to the Controller's Office and forwarded to Hartford

In collaboration with the Controller's Office and Employee and Public Services, Hartford has designed a form that will be maintained by the Controller's office to approve payout and expedite participant withdrawals by having a single approval authority within the County The amendment approved by this resolution incorporates this procedural change into the contract

### FISCAL IMPACT

There is no fiscal impact because of this change on the County or plan participants

# TERMS

County Counsel has reviewed and approved the amendment.

# RESOLUTION NO.\_\_\_\_\_

### BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

\* \* \* \* \* \* \*

## **RESOLUTION AMENDING AN AGREEMENT WITH HARTFORD TO IMPROVE DEFERRED COMPENSATION ADMINISTRATIVE SERVICES BY EXPEDITING THE PROCESS TO APPROVE BENEFIT PAYOUT TO ELIGIBLE PARTICIPANTS**

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of

California, that:

WHEREAS, the County has a five year agreement with Hartford to provide administrative services to County employees who participate in the County's 457 Deferred

Compensation Plan; and

WHEREAS, the County and Hartford have agreed to expedite the process by which

participants are paid benefits under the plan; and

WHEREAS, Hartford and the County have developed contract language to amend the

agreement between the County and Hartford and this Board has been presented with a form of

such amendment, has examined same as to both form and content and desires to enter into same,

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED, that the

President of the Board of Supervisors is hereby authorized and directed to execute said amendment on behalf of San Mateo County and the Clerk of the Board shall attest his signature thereto

\* \* \* \* \* \* \*

#### \*\*\* Notice \*\*\*

Notice is hereby given that the Administrative Services Agreement is to be amended by Hartford Life Insurance Company ("Hartford Life")

#### Amendment to Administrative Services Agreement

This Amendment to the Administrative Services Agreement between Hartford Life and the Employer (as such terms are defined in the Administrative Services Agreement) is made effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 200\_

#### WITNESSETH

WHEREAS, Hartford Life entered into an Administrative Services Agreement (hereinafter "Agreement") with the Employer to provide administrative services for the Employer's Plan,

WHEREAS, defined terms in the Agreement shall have the same meaning in this Amendment;

WHEREAS, Hartford Life reserved the right to amend the Agreement upon written notice to the Employer,

WHEREAS, Hartford Life now provides notice of its intent to amend the Agreement,

**NOW THEREFORE**, the Agreement 1s amended effective as of the date first written above, as follows:

- 5.1 Hartford Life shall be notified in writing, on a form satisfactory to Hartford Life, of each Participant, beneficiary, or alternate payee entitled to receive benefit payments under the terms of the Plan. Such notice shall instruct as to the form of benefit payment. For purpose of this Section 5, the term Participant shall include beneficiaries and alternate payees as applicable
- 5.2 Pursuant to each notice received at Section 5 1, and provided that Hartford Life has received Employer authorization, Hartford Life shall issue benefit payments to each Participant from the Participant's individual account maintained under the Annuity Contract in accordance with the provisions of the Annuity Contract/ Prospectus, and the Plan

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be signed

For the Employer

1 2	
Ву	Date
Tıtle	
For Hartford Life Insurance Company	
Bv	Date

# Withdrawal Request-DCPlus

Overnight Ma I Address Ret rement Plan Solut ons Hartford L fe Ins 200 Hopmeadow Street S msbury CT 060	Ma I Address surance Company Ret rement Plan	Solutions Hartfor lartford CT 06144	rd L fe Insurance Comp I-1583	hany Hartford Life		
Group Contract Number	Participant Number	ant Number		Social Security Number		
Employer						
Employee Name Last	Name Last Firs		MI			
Mailing Address New?	<u> </u>	<b></b>				
City		State	Zıp	Resident State		
Home Phone	Work Phone	<b>_</b>	<u></u>	Ext		
Required Minimum Distribution RMD it can be based on a single and relationship	•	enerally begin f joint provide a method is partial distribution ase contact you be (The maximus ences on a pro	by age 70 1/2) If the the beneficiary s da Recalculated or on you must make a ur Hartford Annuity mavailable is 90% rata basis unless s	te of birth/ Non-recalculated an irrevocable election Consultant for more		
withdrawal that is subject to inco	ted may be subject to Income Tax me Tax You may also be subject t rithholding if any are inadequate	to tax penalties	under the estimate	ed payment rules if your		
Filing Sta If exempt or claiming more than attach a W-4 form Note: If no withholding informa	of Exemptions atus Married Single nine (9) exemptions	For Fede	ral Tax Withholding one % reater than 10%	on Distributions due to Death		
I also acknowledge that I have re	ILL EQUAL THE DOLLAR AMOU and understand the above Notu ble to my state located on page 2	ice of Income T	ax Withholding Sta	tement and the Full contingent deferred sales		
Participant Signature	Date			Contact Date Time		
Employer Signature	Date		Circle one A	DPlan Manager		