MARTIN COUNTY SCHOOL BOARD

REQUEST FOR REIMBURSEMENT OF WITHDRAWAL PENALTY FROM THE 401 (A) PROGRAM

Policy
All employees participating in the Bencor "Special Pay" 401A plan who are under fifty-five (55) years of age at the time of termination of employment and choose, at the time of termination, to take a cash distribution in the amount of 100% of their respective balance from the Board-approved 401(a) Qualified Retirement Plan and are assessed a withdrawal penalty, shall be reimbursed a percentage of the withdrawal by the Board. This reimbursement is an amount equal to the difference between the current withdrawal penalty and the current Social Security and Medicare combined tax contribution rate. If the withdrawal penalty and/or Social Security and Medicare tax rates change, the amount of reimbursement from the Board shall change accordingly.

Please complete the information below and submit to the Payroll Department of Martin County School Board.

I,, a	retired employee of M	lartin County School Board as	
of , h	, hereby certify that I am under the age of 55 at the		
time of retirement and have elected to time of my retirement. I am, hereby, penalty as it is in accordance to the est that I will be responsible for reporting 1040) and that the amount reimbursed amount equal to the difference between Social Security and Medicare combinate not entitled to this reimbursement untable BENCOR. I am also responsible for Department a copy of the check stub reimbursement will be made.	receive a total disbur- requesting that I be restablished school board the 10% penalty to II d by the school board we en the current withdrawed tax contribution. I til after I have received sending the Martin Co	sement of my account at the imbursed for a portion of this id policy. I further understand RS (when filing my tax form will not be more than the wal penalty and the current further understand that I am id my total distribution from ounty School Board Payroll	
Signature of Employee	Date		
Social Security Number	Street Address		
	City	State Zip Code	
Attached is a copy of my check stub for distribution of my account.			

SEE ATTACHED REIMBURSEMENT CALCULATION SPREADSHEET

	CALCULATION FOR "MAKE WHOLE" REI	MBURSEMENT
Emp	oloyee Name	
Emp	oloyee ID Number	
	TOTAL CASH DISTRIBUTION:	
	EARLY WITHDRAWAL PENALTY PERCENTAGE:	10%
	AMOUNT OF EARLY WITHDRAWAL:	0.00
		<u>. </u>
	TOTAL CASH DISTRIBUTION:	
	SOCIAL SECURITY & MEDICARE TAX PERCENTAGES:	7.65%
	AMOUNT OF TAX SAVINGS:	0.00
	MAKE WHOLE REIMBURSEMENT:	
A.	AMOUNT OF EARLY WITHDRAWAL PENALTY:	0.00
В	AMOUNT OF SOCIAL SECURITY/MEDICARE TAX SAVINGS:	0.00
С	AMOUNT TO BE REIMBURSED TO EMPLOYEE:	
	(LINE A-LINE B)	0.00
	Account Strip	