TEMPORARY WORK RULES

oregon
SAVINGS GROWTH PLAN

An employee retiring from public employment may return to work no more than 1,039 hours per year as a temporary employee for any agency without a change in pension benefits. The following rules apply to participating employees of the Oregon Savings Growth Plan. If you need additional information about working on a temporary basis, please call the Deferred Compensation office at 888-320-7377.

1. You may choose to continue making your monthly contribution. However, the monthly contribution must be made on a percentage basis. Only whole percentage amounts can be deferred.
2. To continue contributions without interruption, you must complete the attached form during the month prior to your retirement.
3. You may not receive a payment from your deferred compensation account while employed by your plan sponsor.
4. You have access to deferred compensation funds when you terminate your temporary appointment and have at least a 30-day break in service.
5. It is your responsibility to contact the Oregon Savings Growth Plan office when you have completed your temporary appointment.

You must complete the form on the reverse side.

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I. PARTICIPANT INFORMATION

Name	Social Security Number
Address	Daytime Phone
City, State, Zip	Evening Phone
(Is this a new address?) ☐ Yes ☐ No	
Date of Birth	Agency

II. RETIREMENT INFORMATION

Retirement Date
Starting Date of Temporary Work
Proposed Ending Date of Temporary Work

III. DEFERRAL INFORMATION (PLEASE CHECK ONE BOX.)

☐ I wish to defer a percentage of my salary.

You can contribute on a pre-tax or Roth (after-tax) basis. 100 percent is the maximum percentage allowed. Please use whole percentage only.

Deferral Amount: a) Pre-tax _____%
b) Roth (after-tax) _____%

☒ I do not wish to defer at this time.

I understand that:

1. I may not receive a payment from my deferred compensation account while employed by the Oregon Savings Growth Plan sponsor.
2. I have access to the deferred compensation funds only when I cease to render services as a temporary employee for any state agency/local government agency.
3. It is my responsibility to contact the Oregon Savings Growth Plan office when I have completed my temporary assignment.

I have read the Temporary Work Rules. I understand and agree to all the terms and conditions of this request.

X _____ _____

Participant's Signature (Do not print) Date

In compliance with the Americans with Disabilities Act, staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from your Oregon Savings Growth Plan representative by calling 888-320-7377.

Print Form Clear Fields