Sample Lump Sum PAR Package – 1st Tax Year

This lump sum PAR package sample is provided to departmental Human Resources Offices as an example of the following PAR package type:

• 1st tax year PAR of a two-tax year PAR Package with Savings Plus Contribution

Please note that this sample includes TAXI printouts to show where to locate employee year-to-date totals. Those printouts should <u>not</u> be included in a lump sum PAR package submitted to SCO.

Please refer to the <u>Lump Sum Separation Toolkit</u> along with relevant manuals and training documents for additional information on lump sum separations.

COVERSHEET – LUMP SUM SEPARATION PAR PACKAGE

l.	TO:	State Controller's Office PPSD – Statewide Civil Service Audits	Date: 10/01/2025
	Co Un	ency Name: SCO entact Name: Steph Gar enversal Email: SCOPersonnelTransactions@sco.ca.gov	Agency Code: 051 Contact Phone: (916) 111-1234
•••	SS	st and Last Name: Tom W Fong	
IV	Wha	at type of PAR is in this PAR package? (select one) Cash only (when SCO must key) One tax year Savings Plus Contribution only – Current One tax year Savings Plus Contribution only – Next tax 1st tax year PAR of a two-tax year PAR Package with 2nd tax year PAR of a two-tax year PAR Package with *November and December separations only	x year* Savings Plus Contribution*
V.	Did	itional Information you already submit the PAR type indicated above for thi f Yes, please explain in the Message section below why	
VI	. Wha	at is included in this PAR package? (check all that apelection Form PAR 457(b) Traditional Catch-Up Approval Letter (Note: If the Traditional Catch-Up Approval Letter, be sure the EE in contributions on the Election Form.)	ne EE submitted a 457(b)
VI	I. Me	ssage	
	Wit	th Traditional Catch-up contribution approval	

Do not enter employee contribution amounts on this coversheet. Those amounts must be indicated on the Savings Plus Lump Sum Separation Pay Contribution Election Form submitted with the PAR package.

Please refer to the <u>Statewide Customer Contact Center</u> (SCCC) at (916) 372-7200 for further assistance, or visit the SCO website for additional contact information.

- o For questions related to PARs, follow the prompts for Civil Service Audits.
- For questions related to payroll or contribution amounts, follow the prompts for Civil Service Payroll.

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12 EMPLOYEE HISTORY (INFORMATION ONLY)

SOCIAL SECURITY #	EMPLOYEE LAST NAME	PRIOR LAST NAME			D.P.# 0126	
EFFECTIVE DATE HOURS	TRANS #0F POSITION NUMBER	CLASS TITLE	BASED ON BUS SALARY RATE SALARY	ADD'T CB TIME COUNTY	ACCT EMPLOYMENT HISTORY REMARKS	
CURRENT STAT 08/18/25 07/01/25 07/01/24 07/01/23 07/01/23 11/16/22 07/01/22 07/01/21 07/01/21 07/01/21 07/01/20 07/01/19	US C	F F F F F F F	13583.00 12992.00*	NONEM01FT 34 NONEM01FT NONEM01FT NONEM01FT NONEM01FT	0B 0B 0B 0B 0B 0B 0B 0B	
ADDITIONAL ROSTER HISTORY AVAILABLE FROM PSD. ROUTE TO PERSONNEL SERVICES						

LAST NAME FIRST

SSN

ACTUAL

BASED ON TOTAL TIMEBASE 16061.00 15579.17 FT EXP DATE ANNIV POSITION NUMBER CLASS TITLE



Lump Sum Separation Pay Contribution Election Form

Return completed forms to your personnel specialist at least five (5) workdays (Monday through Friday, excluding Saturdays, Sundays and legal holidays) prior to your separation from service. **Note: Your election is <u>irrevocable</u>, and this form cannot be changed, amended or revoked once submitted to your HR Office.**

SECTION I — PARTICIPANT INFORMATION (REQUIRED)					
Last name, First name, MI					
Fong, Tom W					
Mailing address					
123 Awesome St					
City, State, ZIP	Personal telephone number				
Sacramento CA 95822	9168888888				
Separation date (mm/dd/yyyy)	Alternate contact telephone number				
11/03/2025					
Please provide your personal email address so that your department can contact you.					
TomFong@email.com					

SECTION 2: STANDARD IRS CONTRIBUTION LIMITS — CURRENT TAX YEAR DEFERRAL (REQUIRED)

If the table to the right is incomplete or incorrect, we will process your deferral in the following order: 457(b) Pre-tax; 401(k) Pre-tax. The order of priority is the order in which you would like the funds to be allocated to the plan (e.g., 1st, 2nd, etc.)

For help completing this section, **refer** to Section 2 on the worksheet. Amounts entered in line 2.3 on the worksheet will be used for this section.

Use Section 3 of the worksheet to ensure that your allocation is aligned.

		REQUIRED	REQUIRED — Choose	Amo	unt <u>or</u> Max
-	Plan	Priority Order (1-4)	Contribution Amount		Maximum IRS Limit
deferral	457(b) Pre-tax	1	\$	OR	✓
ard d	401(k) Pre-tax	2	\$		✓
Standard	457(b) Roth		\$		
V)	401(k) Roth		\$		

SECTION 3: CATCH-UP CONTRIBUTION — CURRENT TAX YEAR (REQUIRED)

If you are not using catch-up, please enter "O" in the table to the right. If the table is not completed, no catch-up contributions will be processed.

For help completing this section, refer to Section 3 on the worksheet. Amounts entered in line 3.6 on the worksheet will be used for this section.

Note: If utilizing Traditional Catch-Up, you **must** complete this table **and** attach a copy of your Traditional Catch-up approval Letter.

Use Section 3 of the worksheet to ensure that your allocation is aligned.

		REQUIRED	REQUIRED — Choose	Amo	unt <u>or</u> Max
-	Plan	Priority Order (1-4)	Contribution Amount		Maximum IRS Limit
deferral	457(b) Pre-tax	1	\$		✓
	401(k) Pre-tax	2	\$	OR	✓
Catch-up	457(b) Roth		\$		
U	401(k) Roth		\$		

Page 1 of 2

SECTION 4: STANDARD IRS CONTRIBUTION LIMITS — SECOND TAX YEAR (OPTIONAL)

This section is only authorized for individuals who separate in November or December and wish to defer into a second tax year. The order of priority is the order in which you would like the funds to be allocated to the plan (e.g., 1st, 2nd, etc.) If the table is incomplete or incorrect, we will process your deferral in the following order: 457(b) Pre-tax; 401(k) Pre-tax.

For help completing this section, **refer** to Section 4 on the worksheet. Amounts entered in line 4.2 on the worksheet will be used for this section.

		REQUIRED	REQUIRED — Choose	Amou	ınt <u>or</u> Max
-	Plan	Priority Order (1-4)	Contribution Amount		Maximum IRS Limit
deferral	457(b) Pre-tax	1	\$		✓
	401(k) Pre-tax	2	\$	OR	✓
Standard	457(b) Roth		\$		
S	401(k) Roth		\$		

SECTION 5: CATCH-UP CONTRIBUTION — SECOND TAX YEAR (OPTIONAL)

If you are not using catch up, please enter "O" in the table to the right. If the table is not completed, no catch-up contributions will be processed.

For help completing this section, refer to Section 5 on the worksheet. Amounts entered in line 5.9 on the worksheet will be used for this section.

Note: If utilizing Traditional Catch-Up for the second tax year, you **must** complete this table **and** attach a copy of your Traditional Catch-up approval letter.

Use Section 5 of the worksheet to ensure that your allocation is aligned.

		REQUIRED	REQUIRED — Choose	Amoı	unt <u>or</u> Max
<u></u>	Plan	Priority Order (1-4)	Contribution Amount		Maximum IRS Limit
deferral	457(b) Pre-tax	1	\$		✓
	401(k) Pre-tax		\$	OR	
Catch-up	457(b) Roth		\$		
	401(k) Roth	2	\$		✓

SECTION 6 — ACKNOWLEDGMENT AND SIGNATURE (REQUIRED)

If you are unsure about the tax implications of your choices, you should consult a tax professional before completing, signing and submitting this form.

- I request a contribution of Lump Sum Separation Pay in accordance with my choice above, and pursuant to California and federal law. I take full responsibility for providing my request to my HR Office no later than five (5) workdays (Monday through Friday, excluding Saturdays, Sundays and legal holidays) prior to my separation date as required under California Labor Code sections 201(b) and 202(b) and understand the terms and conditions of deferring all or a portion of my Lump Sum Separation Pay. I have verified my request prior to submission.
- By signing here, I accept that if my table in Sections 2 and/or 3 is incomplete or incorrect, my Lump Sum Separation Pay may get defaulted into 457(b) first, then 401(k).
- I understand that if I allocate my funds into pre-tax plan(s) but are subject to provisions in Section 603 based on your prior year earnings, SCO will process your catch-up contribution(s) into a Roth 457(b) account.
- If applicable, I have attached a copy of my Traditional Catch-Up approval letter. NOTE: IF CLAIMING TRADITIONAL CATCH-UP, YOU MUST COMPLETE THE CATCH-UP TABLE(S) IN SECTION 2 AND/OR 3 AND ATTACH YOUR APPROVAL LETTER.
- I understand that if the value of the leave I have available is for an amount less than I have requested, my request will be reduced to the lesser amount. Please make sure you have an established 457(b) and/or 401(k) prior to submitting this form to ensure that the funds are promptly and appropriately distributed.
- I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Any leave funds that are not directed to your Savings Plus account using this form, or any extra funds that remain after your plans reach the limit, will be paid directly to you upon separation from the State. Applicable taxes apply.

I understand that my election is irrevocable, and this form cannot be changed, amended or revoked once submitted to my HR Office.

Signature	Date
Tom Fong	10/05/2025

Tom Fongi 123 Awesome St.i Sacramento CA 95822i

Your Traditional Catch-Up contribution request has been approved

Your 457(b) Traditional Catch-Up contribution request has been received and approved.

Plan details

Plan name:

STATE OF CALIFORNIA SAVINGS PLUS PROGRAM

Account number:

11026572

Understanding the details

In addition to the annual deferral limit, you are eligible for the following Traditional Catch-Up amount(s):

Contribution Year	Approved Catch-Up Amount
2025	\$23,500.00
2026	\$23,500.00
2027	\$0.00

Contribution amounts are limited by IRS annual deferral limits. Please provide a copy of this letter to your payroli specialist to allow for the approved Traditional Catch-Up amounts. If you are using Traditional Catch-Up as part of the deferral of your Lump Sum Separation Pay, this letter must be attached to your Lump Sum Separation Pay form and submitted to your payroll specialist.

We are here to help

If you have any questions or need additional information, contact the Savings Plus Solutions Center at 1-855-616-4776. Our Customer Service Representatives are available Monday-Friday 8:00 a.m. - 11:00 p.m. (ET).

Access your information online Register an online account at www.savingsplusnow.com.



SSN: 000-00-0000 2025 YEAR TO DATE TOTALS PAGE 1

NAME: TWFONG

	FEDERAL	CALIFORNIA
GROSS	156438.51	156438.51
TAX GROSS	91765.52	91765.52
IDL/LC4800		
TAX WITHHELD	8432.57	2638.87
SS TAX GROSS	153996.60	
SS WITHHELD	9547.77	
MED TAX GROSS	153996.60	
MED WITHHELD	2232.99	
SDI TAX GROSS		
SDI WITHHELD		
OPEB TAX GRSS	124730.17	124730.17
OPEB EE W⊤HLD	3741.91	3741.91
FLEX DED	-1300.00	-1300.00
DEPEND CARE		
EPMC	12814.46	12814.46
EARN INC CRED		
FRINGE BNFT		
TCA 402B		

TSA-403B

PF1=INQUIRY PF2=SUMMARY PF3=DETAIL PF6=REFRESH PF8=PG DN
0023 OUT OF 0023 RECORDS IN SELECTED RANGE USED FOR TOTALS.

SSN: 000-00-0000 2025 YEAR TO DATE TOTALS PAGE 2

NAME: TWFONG

FEDERAL CALIFORNIA DEF COMP 401K 29833.3229833.3219583.3019583.30 DEF COMP 457B DFCOMP 401KER 035 ARR TX GR FD/ST ARR GRS BAS/BAQ LIFE INS MILEAGE MOVING EXP IDL COBEN HLTH BNFT ROTH 401K ROTH 457B ROTH 403B

PF1=INQUIRY PF2=SUMMARY PF3=DETAIL PF6=REFRESH PF7=PG UP 0023 OUT OF 0023 RECORDS IN SELECTED RANGE USED FOR TOTALS.