

# CAMBRIA COUNTY RETIREMENT VOLUNTARY CONTRIBUTION FORM

Form must be returned no later than the 3<sup>rd</sup> week of December to the Human Resources Office.  
The requested change will take effect with the first pay in January.  
Changes can only be made once a year.

To the Secretary of the Retirement Fund:

For the year \_\_\_\_\_, I desire to make the following changes to my voluntary retirement contribution. I understand I can contribute up to an additional 10% of my gross pay. This rate will be authorized until such time as I provide the Retirement Board with further notice.

Mandatory         9%    

Voluntary     +           

**TOTAL**     =           

\_\_\_\_\_  
Member's Name (Please Print)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date