



MENDOCINO COUNTY BOARD OF SUPERVISORS
ONLINE AGENDA SUMMARY

BOARD AGENDA # 4 (h)

-Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
-Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)
-Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 7 hard-copy sets)
-Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
-Electronic Transmission Checklist: ☐ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
-Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: January 10, 2012
FROM: Lloyd Weer MEETING DATE: February 14, 2012
DEPARTMENT RESOURCE/CONTACT: Lloyd Weer PHONE: 463-4360 Present ☐ On Call ☒
PHONE: _____

Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: _____

■ **AGENDA TITLE:** Adoption of Resolution Accepting the Updated County of Mendocino Deferred Compensation Plan-Hartford 457.

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** Initial Plan adoption April 12, 1983

■ **SUMMARY OF REQUEST:** It is requested that the Board of Supervisors adopt the updated Hartford Deferred Compensation Plan in order to be in compliance with new laws and regulations governing 457 Plans. Since the initial acceptance of the original plan document there have been numerous legislative changes including, but not limited to the Pension Protection Act of 2006 (PPA), Heroes Earnings Assistance Act of 2008 (HEART), and Worker, Retiree, and Employer Recovery Act of 2008 (WRERA).

■ **SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:**

■ **ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):** ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
N/A	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

■ **SUPERVISORIAL DISTRICT:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ ■ **VOTE REQUIREMENT:** Majority ☒ 4/5ths ☐

■ **RECOMMENDED ACTION/MOTION:** Adopt Resolution accepting the updated County of Mendocino Hartford Deferred Compensation Plan and authorize the Chair to sign the same.

■ **ALTERNATIVES:** Do not adopt revised plan and be in non-compliance.

■ **CEO REVIEW (NAME):** _____ PHONE: 463-4441

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____