

**RESOLUTION TO AMEND
ACCG 401(a) DEFINED CONTRIBUTION PLAN
FOR SENIOR MANAGEMENT OF BEN HILL COUNTY
ADOPTION AGREEMENT**

WHEREAS, Ben Hill County (the “County”) has maintained the Association County Commissioners of Georgia 401(a) Defined Contribution Plan for Senior Management of Ben Hill County (the “Plan”) for the benefit of certain County employees since July 27, 2017; and

WHEREAS, certain income tax benefits are available to those eligible individuals who participate in the Plan in order to supplement future retirement income; and

WHEREAS, the County desires to add the certain individuals as Eligible Employees as defined by the Plan.

NOW THEREFORE, THE COUNTY HEREBY RESOLVES AS FOLLOWS:

RESOLVED, that the County governing body, at a meeting held on the _____ day of _____, 2024, has authorized an Amendment to the Adoption Agreement to: 1) designate Hampton Raulerson in the position of County Manager as Eligible Employee; effective from date of hire September 16, 2024 and 2) designate Michael Dinnerman in the position of Consultant/Project Manager as Eligible Employee, effective September 16, 2024.

FURTHER RESOLVED, that the Chairman is hereby authorized by the County to execute the Plan Adoption Agreement Amendment and to take all further actions necessary to carry out the intent and purposes of the foregoing resolutions. It is the intent of the County governing body that the new provisions of the Plan replace the existing provisions of the Plan without interruption of benefits.

IT IS HEREBY FURTHER ORDERED that a true copy of this resolution be recorded in the County’s records as of this date.

(SIGNATURE)

(TITLE)

**BEN HILL COUNTY, GEORGIA
401(a) DEFINED CONTRIBUTION PLAN
FOR SENIOR MANAGEMENT**

Because of your position with Ben Hill County, you are eligible to participate in the Ben Hill County 401(a) Defined Contribution Plan for Senior Management.

If you elect to participate in this Plan, Ben Hill County will contribute 10% of your compensation into a 401(a) account in your name.

You are not required to contribute to this Plan. You must, however, make a one-time irrevocable election reflecting your decision as to whether or not you wish to contribute to this Plan.

* * * * *

I, Hampton Raulerson, Social Security Number _____, hereby elect to participate in the Ben Hill County 401(a) Defined Contribution Plan for Senior Management.

I understand that Ben Hill County will contribute 10% of my compensation to the Plan on my behalf.

I also understand that I have the option to contribute to this plan and must make a **one-time irrevocable election** regarding my decision to contribute. I understand that once I have made my election, I cannot change my contribution decision for the Ben Hill County Defined Contribution Plan for Senior Management. Any contribution I make will be a pre-tax contribution of a whole percentage of my compensation.

I elect:

_____ to make a pre-tax salary deferral contribution to the Plan of _____% of my compensation from each paycheck.

_____ not to contribute to the Plan through a pre-tax salary deferral.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

ADDRESS: _____

DATE OF HIRE: _____

**AMENDMENT TO
ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA
401(a) DEFINED CONTRIBUTION PLAN FOR SENIOR MANAGEMENT OF
BEN HILL COUNTY ADOPTION AGREEMENT**

THIS AMENDMENT is made and entered into by Ben Hill County (the "Employer").

WITNESSETH:

WHEREAS, the Employer maintains the Association County Commissioners of Georgia 401(a) Defined Contribution Plan for Senior Management of Ben Hill County (the "Plan") for the benefit of certain County employees; and

WHEREAS, the Employer adopted the Plan through an Adoption Agreement; and

WHEREAS, Section 13.01 of the Plan allows the Employer to amend the elective provisions of the Adoption Agreement; and

WHEREAS, the Employer desires to amend Schedule A of the Adoption Agreement.

NOW, THEREFORE, the Adoption Agreement is hereby amended effective _____ 2024, by deleting Schedule A in its entirety and replacing it with the attached Schedule A.

IN WITNESS WHEREOF, the Employer has caused its duly authorized officer to execute this Amendment on the date noted below.

BEN HILL COUNTY

By: _____

Title: _____

Date: _____

**ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA
401(a) DEFINED CONTRIBUTION PLAN
FOR SENIOR MANAGEMENT OF
BEN HILL COUNTY**

**Schedule A
Eligible Employees**

Name	Participant Effective Date	Plan Year	Employer Basic or Discretionary Contribution	Employer Matching Contribution	Employee Contribution	Vesting Schedule
Michael Dinnerman	9/16/2024	All Plan Years	7.5% of Employee's Compensation	N/A		100%
Hampton Raulerson	9/16/2024	All Plan Years	10% of Employee's Compensation	N/A		100%