

**KNOX COUNTY RETIREMENT & PENSION BOARD
LOAN REPAYMENT DELAY REQUEST UNDER THE CARES ACT**

Complete all sections and PRINT clearly in Blue or Black ink. Your signature is required in Part 3.

Part 1 PARTICIPANT INFORMATION			
Participant Name (Last, First, MI)			Social Security Number
Street Address			Date of Birth
City	State	Zip Code	Date of Hire
Daytime Phone Number	Email Address		Company Division or Location
Knox County Asset Accumulation 401(a) Plan <input type="checkbox"/>		Knox County Sheriff's Total Accumulation Retirement Plan <input type="checkbox"/>	

The CARES Act (Coronavirus Aid Relief and Economic Security Act) permits "qualified individuals" (as defined below) who have an outstanding plan loan (including loans taken prior to the enactment of the CARES Act on March 27, 2020) to delay loan repayments that are required to be made through December 31, 2020. Loan repayments will resume January 1, 2021 extend the amortization period for one year. Qualified individuals are defined as:

1. An individual, their spouse or dependents diagnosed with COVID-19 by a CDC approved test;
2. An individual, their spouse or household member who suffers adverse financial consequences as a result of quarantine, furlough, lay-off, reduction in work hours or pay, or having a job offer rescinded or start date delayed due to COVID-19;
3. An individual, their spouse or household member who suffers adverse financial consequences from the closing or reduction in hours of a business that they own or operate due to COVID-19.

Part 2 DELAY OF LOAN REPAYMENT ELECTION

By signing this form in Part 3 below, I elect to delay my loan repayments in accordance with the provisions of the CARES Act.

I understand that my employer will delay loan repayments for my outstanding loan(s) that are due through December 30, 2020, with such delay commencing as soon as administratively feasible following receipt of this form. Loan repayments will resume January 1, 2021 and extend the amortization period for one year. I further understand that, per the terms of the CARES Act, any subsequent loan repayments will be adjusted to reflect the delay in the due date and any interest accruing during the delay.

Part 3 PARTICIPANT AUTHORIZATION (REQUIRED)

In connection with my loan repayment delay request, I certify that:

- I am a "qualified individual" as defined above
- I have and will retain appropriate documentation in support of my request

Participant Signature	Date
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If you have any questions, please call the USICG Participant Service Center at (866) 305-8846, Plan Code 524

After completing this request, return it for processing using one of the options below:

Mail: Knox County Retirement & Pension Board * 400 Main Street, Room 371 * Knoxville, TN 37902-2409

****Email: retirement@knoxcounty.org**

****IF EMAILING, PLEASE EITHER OMIT YOUR SSN AND DOB OR PASSWORD-PROTECT THE FORM BEFORE EMAILING**

Please make a copy of this form for your records

EMPLOYER AUTHORIZATION AND APPROVAL OF LOAN REPAYMENT DELAY– NOT to be completed by Participant		
Payroll Date Loan Repayment Delay Commenced: _____		
Plan Administrator Signature	PRINT Plan Administrator Name	Date

Updated as of July 2020