New Employee PERS Information <u>and</u> Retiree Pre-Employment/Re-employment Questionnaire

The following information is requested of all new employees and also to assist us in complying with the Public Employee Pension Reform Act (PEPRA), and AB340, effective January 1, 2013 and/or Federal requirements for the CALPERS Defined Benefit Plan related to in-service distributions.

If you <u>retired from CalPERS as of 1-1-13 or AFTER</u> and are NOT a "Public Safety Officer or Firefighter", who will be performing those duties, there is a <u>6 month (180 days) waiting period before</u> <u>you can be employed</u> by any CalPERS Agency, except in rare exceptions defined in the law. (Note: The 60-day bona fide separation in service described below can be counted concurrent with the 180 days.)

For ANY PERS employee who <u>retired BEFORE 1-1-13</u>, <u>also</u> <u>ALL</u> Retired "Public Safety Officers or <u>Firefighters</u>," according to the Federal IRS requirements, if the retiree <u>has not reached the "normal</u> (<u>highest</u>) retirement age*," there must be at least a "60 calendar-day bona fide separation in service" or there could be serious consequences for both the retiree and the employer.

Name	Date					
Type of Employment – Please check one:						
Permanent/Regular Full-time Limited Term Permanent/Regular Part-time Extra Help	I	Contra	ict			
Have you ever worked for the State of California, any County District that belonged to the Public Employee's Retirement S			Yes	No		
If you answered YES, please continue. If you answered NO, s	top here.					
Do you currently have money on deposit with CalPERS If YES , DO NOT complete the <u>separate form</u> called "Notice of Excluse Membership" in your new hire paperwork.			Yes	No		
Are you <u>currently receiving or recently applied for</u> PERS S Retirement?	ervice or Disab	oility	<u>Yes</u>	No		
If you answered YES, please complete the rest of the form. If you answered NO, stop here.						
*What is the <u>HIGHEST</u> retirement <u>age</u> out of <u>all</u> of the PERS form had? (Example if multiple formulas: If you have 2@55 and 2@60, then use a	-	ever	Highest Age			
formulas are listed on your Annual PERS Statement)						
Have you reached that <u>HIGHEST</u> retirement age? (as answered above)			Yes	No		
What was your actual retirement date from your most recent PEF	<s agency?<="" td=""><td>Mo.</td><td>Day</td><td>Year</td></s>	Mo.	Day	Year		
If retired on or <u>AFTER</u> 1-1-13 , has it been at least 180 calendar days (6 months) from that date? (applies to all <u>NON</u> -Peace Officers and Non-Firefighters only)		Yes	<u>No</u> **			
If retired <u>BEFORE</u> 1-1-13, <u>OR</u> you were a Public Safety Officer has it been at least 60 calendar days from that date? (If no, ensure the min. retirement age for any/all PERS formulas.)			Yes	<u>No</u>		
If retired on or AFTER 1-1-13, did you receive a retirement incentive ? (If yes, 180 day wait period applies regardless if Public Safety Officer or Firefighter)		<u>Yes</u>	No			
If retired on or AFTER 1-1-13, <u>do you CERTIFY that you did NOT rec</u> <u>Unemployment compensation in the past 12 months?</u> (If yes, there is period for employment at a PERS Agency.)			Yes	<u>No</u>		
Was there any agreement (verbal or written) to render service (be employed) with Sutter County prior to your retirement?		Yes	No			

** There are a few rare exceptions to the 180 days wait period, for example a Board appointed Department Head, as long as <u>no</u> unemployment or retirement incentive was received.

^{(*}If the candidate does not know their retirement formula, employer can contact CALPERS at (888) 225-7377. Select by saying "Business Partner" (or press 2), then say "Representative", and provide the employer code 3486621504. Provide the SSN and name of candidate and ask for the highest retirement age for this person from <u>ANY</u> PERS Agency.) HR Rev. 1-14



www.calpers.ca.gov

Reciprocal Self-Certification Form

Complete the following information and return this form to your employer within 10 business days to determine your eligibility for benefits in CaIPERS. Only provide details for membership in the retirement systems found on the enclosed *List of Qualifying Reciprocal Retirement Systems in California* document.

Section 1: Member Information

Member Name		
Date of Birth	CalPERS ID	Enrollment Date with this Employer

Are you a member of CalPERS with funds on deposit? O Yes \odot No

Are you a member of the defined benefit plan of one of the retirement systems listed on the enclosed List of Qualifying Reciprocal Retirement Systems in California? O Yes O No If yes, complete Section 2 with membership information for each qualifying reciprocal retirement system. Do not provide CalPERS data on this form. If no, skip to Section 3.

Section 2: Qualifying Reciprocal Membership Information

The data you provide must be validated with your reciprocal system. Failure to validate information may result in enrollment errors. Refer to the *List of Qualifying Reciprocal Retirement Systems in California* and only include details on this form for membership under the retirement systems listed, not employment covered by CalPERS.

1) Name of most recent reciprocal retirement system:

Membership date in most recent reciprocal system (MM/DD/YYYY):

Are you currently active with this reciprocal system? O Yes O No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

Did you receive a refund from this reciprocal system? O Yes O No, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system? O Yes O No, provide retirement date (MM/DD/YYYY):

Note: Provide details below for a second reciprocal system or additional membership periods, if applicable. If not, skip to Section 3.

2) Name of reciprocal retirement system:

Membership date (MM/DD/YYYY):

Are you currently active with this reciprocal system? O Yes O No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

Did you refund from this reciprocal system? O Yes O No, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system? O Yes O No, provide retirement date (MM/DD/YYYY):

Note: If you have additional reciprocal membership, attach a second form. If not, skip to Section 3.

Section 3: Sign and Certify

I understand that I am subject to the applicable laws and regulations of each system where I have membership. I also understand that completing this form will only determine my enrollment eligibility in CalPERS. It is not a request to establish reciprocity.

I certify that the information on this form has been verified with the qualifying reciprocal retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level or formula and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Member Signature

Date

Only provide membership information on the *Reciprocal Self-Certification* form for membership in the defined benefit plan of the following systems. CalPERS data should not be included in Section 2 of the form.

- Alameda County Employees' Retirement Association (ACERA)
- California State Teachers' Retirement System (CalSTRS) Defined benefit (DB) plan only; cash balance plans not eligible
- City and County of San Francisco Employees' Retirement System (SFERS)
- City of Concord Retirement System*
- City of Costa Mesa Public Retirement System* Safety only
- City of Delano Retirement System*
- City of Fresno Retirement System (CFRS)
- City of Pasadena Fire and Police Retirement System Fire and police only
- City of San Clemente* Miscellaneous only
- City of San Jose Office of Retirement Services Safety and miscellaneous
- Contra Costa County Employees' Retirement Association (CCCERA)
- Contra Costa Water District (CCWD)
- East Bay Municipal Utility District (EBMUD)
- East Bay Regional Park District Safety only
- Fresno County Employees' Retirement Association (FCERA)
- Imperial County Employees' Retirement Association (ICERS)
- Judges Retirement System II (JRS II)
- Kern County Employees' Retirement Association (KCERA)
- Legislators' Retirement System (LRS)
- Los Angeles City Employees' Retirement System (LACERS) Miscellaneous only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
- Los Angeles County Employees' Retirement Association (LACERA)
- Los Angeles County Metropolitan Transportation Authority* (LACMTA)
- Marin County Employees' Retirement Association (MCERA)
- Mendocino County Employees' Retirement Association (MCERA)
- Merced County Employees' Retirement Association (MCERA)
- Oakland Municipal Employees' Retirement System (City of Oakland)* Miscellaneous only
- Orange County Employees' Retirement System (OCERS)
- Sacramento City Employees' Retirement System*
- Sacramento County Employees' Retirement System (SCERS) DB plan only; cash balance plans not eligible
- San Bernardino County Employees' Retirement Association (SBCERA)
- San Diego City Employees' Retirement System (SDCERS) DB plan only; cash balance plans not eligible
- San Diego County Employees' Retirement Association (SDCERA)
- San Joaquin County Employees' Retirement Association (SJCERA)
- San Luis Obispo County Pension Trust (SLOCPT)
- San Mateo County Employees' Retirement Association (SamCERA)
- Santa Barbara County Employees' Retirement System (SBCERS)
- Sonoma County Employees' Retirement Association (SCERA)
- Stanislaus County Employees' Retirement Association (StanCERA)
- Tulare County Employees' Retirement Association (TCERA)
- University of California Retirement Program (UCRP) DB plan only; cash balance plans not eligible

*CalPERS-covered agency – *Only include details on this form if you were a member under the reciprocal retirement systems listed and not CalPERS-covered

CalPERS Privacy Notice

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CaIPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CaIPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

- 1. Enrollee identification
- 2. Payroll deduction/state contributions
- 3. Billing of contracting agencies for employee/employer contributions
- 4. Reports to CalPERS and other state agencies
- 5. Coordination of benefits among carriers
- 6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer 400 Q Street Sacramento, CA 95811

You may also call us at 888 CalPERS (or 888-225-7377).