



# San Joaquin County Employees' Retirement Association

6 S. El Dorado Street, Suite 400 • Stockton, CA 95202 • (209) 468-2163 • (209) 468-0480 Fax • www.sjcera.org

## MEMBER ENROLLMENT

Please type or print in ink. Please verify any information that is pre-printed and make corrections, if necessary.

<b>MEMBER INFORMATION</b>	First Name		Middle Name	Last Name			
	Mailing Address			CAPS (Employee) ID Number			
	City	State	Zip Code	Date of Birth			
	Home Telephone Number (     )		Work Telephone Number (     )		Social Security Number -     -		
	E-Mail Address			<input type="radio"/> Male <input type="radio"/> Single <input type="radio"/> Female <input type="radio"/> Married			
<b>EMPLOYMENT</b>	Job Class Title			Start Date			
	Department			Department No.			
	Have you previously worked for a local or state government agency in California? <input type="radio"/> Yes <input type="radio"/> No If "YES", please list employer(s) and the dates worked below:						
	Employer Name			From	To		
<b>PROOF OF AGE</b>	Please attach a certified copy of your birth certificate or present it in person at SJCERA. Your copy will be returned to you. If you do not have a birth certificate or are unable to obtain one, you may submit other approved document(s) as specified in the Retirement Plan Information Booklet. Please contact SJCERA if you have any questions. <i>Failure to provide acceptable proof of age could result in the maximum allowable member contribution deduction (as if you were 54 years old) from your paycheck.</i>						
<b>SIGNATURE</b>	PLEASE SIGN AND DATE THIS FORM AND RETURN TO SJCERA.						
	Signature			Date			

### SJCERA USE ONLY

- Birth Certificate
- Beneficiary Designation
- Enrollment Packet

Non-Member Spouse (DRO)