



San Joaquin County Employees' Retirement Association

Return to Active Membership Application for Retired Members

INSTRUCTIONS		
Submit this form if you are a Retired SJCERA Member and have received a conditional offer of employment from the County of San Joaquin (or other participating employer) into a position that is eligible for SJCERA Membership. Department of Human Resources <u>must</u> complete the last section of this form.		
MEMBER INFORMATION		
Full Name	Employee ID	E-mail
Department	Original Retirement Date	Date of Re-employment

MEMBER ACKNOWLEDGMENT

I hereby apply for reinstatement as an Active Member of SJCERA. I understand the Board of Retirement will determine my eligibility for Membership based on the position for which I am hired, my application and whether the pre-employment medical examination results indicate that I am not incapacitated for the duties assigned to me.

I understand my retirement benefit will be suspended on the effective date of my re-employment and will resume only when I subsequently terminate employment. I also understand that I must return any overpayment of my retirement benefit made to me after the effective date of my re-employment.

Member's Signature _____ Date _____

HUMAN RESOURCES AUTHORIZATION	
NOTE: THIS SECTION MUST BE COMPLETED BY A HR REPRESENTATIVE	
I certify that the Member named above has successfully completed a pre-employment medical exam and (is) (is not) incapacitated for the duties assigned to him/her.	
HR Representative's Full Name	Telephone Number ()
HR Representative's Title	E-mail
HR Representative's Signature _____ Date _____	