



# San Joaquin County Employees' Retirement Association

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

## Membership Certification

Complete and return this form to your Personnel Office within 3 business days of your start date. Attach a copy of your birth certificate or valid passport. If you do not have a birth certificate or valid passport, or are unable to obtain one, see the [Age Verification Policy](#) on [www.sjcera.org](http://www.sjcera.org) for other acceptable documents.

### 1. Member Information

First Name	MI	Last Name	Cell Phone
SSN	Date of Birth	Employee ID Number	

### 2. Previous Employment & Reciprocity

Previous employment information is needed to determine tier, contribution rate, and eligibility for reciprocity. Reciprocity allows members to move from one eligible government retirement system to another and retain valuable retirement benefits. (See instructions on back)

Most Recent Previous Employer	Retirement System (Refer to list of systems on the back)
Last Date of Employment (under most recent reciprocal retirement system)	First Membership Date (in any previous reciprocal retirement system)

Check applicable statement:	Payroll Use
<input type="checkbox"/> I have not been an active member of another reciprocal California government retirement system within the last six months. (Active members are generally permanent full-time employees. See list of retirement systems on back.)	Tier 2
<input type="checkbox"/> I retired from _____ retirement system and subsequently began full-time employment with an SJCERA-participating employer.	Tier 2
<input type="checkbox"/> I was a member of the _____ retirement system and, within six months, subsequently began full-time employment with a SJCERA-participating employer.	--
<input type="checkbox"/> My reciprocal system membership began <u>before</u> Jan. 1, 2013 <u>and</u> I left my member contributions on deposit with that retirement system.	Tier 1
<input type="checkbox"/> My reciprocal system membership began <u>on/after</u> Jan. 1, 2013 <u>or</u> I withdrew (refunded) my member contributions from that retirement system	Tier 2

### 3. Acknowledgement

I have read this form and its instructions in their entirety. I hereby certify that the foregoing information is true and correct. I understand that incorrect information may require corrections to my SJCERA account including, but not limited to, my membership date, tier and contribution rate. I authorize SJCERA to establish reciprocity if I am eligible and make any necessary corrections to my account including collecting additional contributions if owed.

EMPLOYEE SIGNATURE	DATE
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### 4. Employer Certification (See instruction on back)

Employing Agency/Department	New Employee's Job Class Title	Employee Hire Date
Employer Designee (signature)	Designee Title	Date

# Employee Instructions

Complete and submit this form with a copy of your birth certificate or other proof-of-age documents to your Personnel Office within 3 business days of beginning employment. For more information, visit [www.sjcera.org](http://www.sjcera.org) or call 209.468.2163.

## Section 2 Instructions: Previous Employment and Reciprocity Information

Your prior public plan benefit information is required to correctly determine your Tier and contribution rate.

### Previous Employment with a SJCERA-employer

If you are a Tier 1 member whose contributions remained on deposit with SJCERA when you left SJCERA-covered employment, and you return to a full-time permanent position with the same SJCERA employer within six months, you will retain your previous SJCERA entry age and contribution rate. If you return to the same employer in more than six months, your entry age and contribution rate will be based on your age at reentry into membership. If you return to a different SJCERA-employer after more than six months, you will be placed in Tier 2.

#### SJCERA Employers

San Joaquin County	Mountain House Community Svcs. Dist.	SJC Mosquito & Vector Control
Lathrop-Manteca Fire District	SJC Historical Society & Museum	SJC Superior Court
SJC Law Library	Tracy Public Cemetery	Waterloo-Morada Fire District

### Previous Employment with another California Government Employer (Reciprocity)

If you were a member of a reciprocal California government retirement system (see list below) within the last six months, reciprocity allows you to link your entry age, service credit and highest average compensation across all your reciprocal systems. Reciprocity may also allow you enter SJCERA as a Tier 1 member, which offers a higher benefit formula.

#### Reciprocal Retirement Systems

##### County Retirement Systems

Alameda	Kern	Merced	San Diego	Sonoma
Contra Costa	Los Angeles	Orange	San Joaquin	Stanislaus
Fresno	Marin	Sacramento	San Mateo	Tulare
Imperial	Mendocino	San Bernardino	Santa Barbara	Ventura

##### State Retirement Systems

CalPERS (California Public Employees Retirement System)	CalSTRS (California State Teachers' Retirement System)	Legislators' Retirement System (LRS)	Judges Retirement System (JRS)
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### Tiers

**Tier 1 Members:** Employees who entered SJCERA membership before January 1, 2013, or who establish incoming reciprocity based on eligible reciprocal system membership before January 1, 2013.

**Tier 2 Members:** Employees who enter SJCERA membership on or after January 1, 2013; Tier 1 members who terminate and return to a different SJCERA-participating employer after more than six months; SJCERA retirees who return to active membership.

# Employer Instructions

1. Collect this *Membership Certification* form from all new or returning full-time benefited employees, verify the date of birth is entered correctly and complete the Employer Certification section.
2. Submit the following completed forms and documents directly to SJCERA within the first week of employment:
  - Member Certification
    - Copy of the employee's Birth Certificate, valid U.S. Passport or valid California Real I.D. Card  
See the [Age Verification Policy](http://www.sjcera.org) on [www.sjcera.org](http://www.sjcera.org) for other acceptable documents.
  - Beneficiary Designation
  - Safety Only – Social Security Form SSA-1945 (if applicable)