



ENROLLMENT AFFIDAVIT

**FORM
101**
(Rev. 10/2022)

Purpose of this form: Use this form to advise CCCERA that you are a new employee or a rehire that might be eligible for CCCERA membership.

Instructions: Employee must fill out sections 1, 2, 3, and 4; the Employer must return the completed form to CCCERA. Complete form in blue/black ink and submit original document only; fax/email copies will not be accepted.

For more information on your membership such as purchasing service credit, vesting eligibility or reciprocity, please see the Benefit Handbooks at cccera.org/benefit-handbooks for more information.

Additional forms for employee:

- Complete Beneficiary Designation Form 102.
- Complete Event of Death During Active Membership (Form 104), if applicable.
- Complete CCCERA Reciprocity Form 103, if applicable.

Section 1: MEMBER INFORMATION			
First Name	MI	Last Name	Last 4 of Social Security Number
Street or P.O. Box	City		State Zip Code
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Date of Birth (mm/dd/yyyy)
Email Address		Phone Number	

Section 2: EMPLOYMENT INFORMATION		
Employer	Working Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Scheduled hours per week
Position/Job Title		Hire date
Contribution Information I have contributed to CCCERA before this present employment. <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits Information I currently receive a monthly benefit payment from CCCERA. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3: PREVIOUS CALIFORNIA PUBLIC SERVICE	
Were you ever a member of any other Public Retirement System in California?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
Do you still have retirement funds on deposit with any other Public Retirement System in California?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
If your funds are still on deposit with another reciprocal retirement system, do you wish to request reciprocity?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
**If your answer is yes to any of the above questions, please complete CCCERA Reciprocity Form 103 and send the original back to CCCERA.	

Section 4: MEMBER ACKNOWLEDGMENT OF INFORMATION	
I understand that by accepting employment in a specific retirement system, I am subject to the laws and regulations administered by that system.	
Sworn statement – Pursuant to Code 31526 and Code of Civil Procedure Section 2015.5, I declare, under penalty of perjury, that the foregoing statements are full, true, and correct.	
Member's Signature (Required)	Date (mm/dd/yyyy)