

Affidavit of Membership in Reciprocal Retirement System

Purpose of this form: Use this form only if you have indicated on your Enrollment Affidavit (Form 101) that you may be eligible for reciprocity. This form will help CCCERA determine your initial retirement plan placement, which will affect the amount of retirement contributions deducted from your paycheck. If CCCERA cannot verify the information you provide, you may be transferred into a different plan and you may owe arrears contributions.

Section 1: MEMBER INFORMATION				
First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Social Security Number
Street or P.O. Box		City	State	Zip Code
Phone Number		Email Address		

Section 2: RECIPROCITY INFORMATION
<p>Please answer the following questions about any prior employment with a public agency, and your membership with that agency's retirement system:</p> <ul style="list-style-type: none"> Name of Public Agency (e.g. City of Concord, State of California): _____ Name of that Public Agency's retirement system (e.g. CalPERS, ACERA): _____ Your last day worked with the public agency (if you can't provide exact dates, please indicate that you are providing an estimate): _____ Your Entry Date with the previous retirement system (the date you commenced membership in the system; this may differ from your first date of employment): _____ Do you still have retirement funds on deposit with this retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you retired with this retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you established reciprocity between this retirement system and any previous retirement systems? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please name the system(s): _____
<ul style="list-style-type: none"> I certify that I left my funds on deposit (or redeposited my funds) with that previous retirement system. I understand that by entering membership in a specific retirement system, I am subject to the laws and regulations administered by that system. I understand that in order to retain the benefits of reciprocity, my contributions may not be withdrawn from CCCERA or any reciprocal public agency retirement system while I am in employment as a member of CCCERA or any reciprocal public agency. Furthermore, this information may be shared with the other retirement system. Upon signing and returning this document, I am electing to coordinate retirement benefit rights between reciprocal retirement systems, where applicable, and I understand I must retire from all reciprocal systems on the same date. <p><i>Applicable provisions – Government Code Sections 7522.02(b) and (c), Section 7522.04(f), and Article 15, Sections 31830 to 31852.</i></p>

Section 3: MEMBER ACKNOWLEDGMENT OF INFORMATION		
<p>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.</p> <p>I understand that based upon the information I have provided above, CCCERA will determine my initial retirement plan placement. If the information cannot be verified by CCCERA, I understand that I may be transferred into a different retirement plan with a different plan formula, and I may owe arrears contributions.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">Member's Signature (Required)</td> <td style="width: 50%; border: none; padding: 5px;">Date (mm/dd/yyyy)</td> </tr> </table>	Member's Signature (Required)	Date (mm/dd/yyyy)
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IMPORTANT: Please return this completed form to CCCERA as soon as possible.

****ATTACH A COPY OF YOUR FINAL PAYCHECK FROM YOUR LAST EMPLOYER FOR VERIFICATION****
(The copy of your paycheck will be only used for verification of your name, your employer, and your separation date. You may block out any other information.)