

Section 1. Member Information

California Public Employees' Retirement System

P.O. Box 942709 Sacramento, CA 94229-2709

888 CalPERS (or **888**-225-7377)

TTY: (877) 249-7442 | Fax: (916) 795-4166

www.calpers.ca.gov

Reciprocal Self-Certification Form

Complete the following information and return this form to your personnel office **within 10 business days.** To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.

Member Name: (Last)	(First) (Middle)						
Date of Birth:		CalPERS ID:					
Membership Status in Qualifying Public I have not been a member of a qualifyin I have membership in a defined benefit (complete section 2 with membership infor	g public retirement syste plan under a qualifying p	oublic retirement system in Californ	ia other than CalPERS.				
Section 2. Qualifying Reciprocal Memb							
Name of Most Recent Public Retirement System	: Membership Date:	Separation Date*: / /	☐ Retired* or ☐ Refunded* Date: / /				
Name of Prior Public Retirement System:	Membership Date:	Separation Date*: / /	☐ Retired* or ☐ Refunded* Date: / /				
Name of Prior Public Retirement System:	Membership Date:	Separation Date*: / /	Retired* or Refunded* Date: / /				
*Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.							
Section 3. Sign and Certify							
I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form is not a request to establish reciprocity.							
I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.							
Member Signature: Date:							
Section 4. To Be Completed by Employer Only							
Name of CalPERS Agency:	<u></u>						
CalPERS Business Partner ID:		Member's Enrollment Eligibil	ity Date:				
Designee of Employer: (print name)		Designees' Title:					
Designee Signature:		Date:					
The employer m	ust retain this form in th	e member's file for auditing purpo	ses.				
For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.							

Southern California Rapid Transit District Marin County Employees' Retirement Association^ Mendocino County Employees' Retirement Association^ Oakland Municipal Employees' Retirement System (City of Oakland) Orange County Employees' Retirement System^ Sacramento City Employees' Retirement System* Sacramento City Employees' Retirement System* Defined benefit plan only; cash balance plans not eligib San Bernardino County Employees' Retirement System San Diego City Employees' Retirement System San Diego County Employees' Retirement Association^ San Diego County Employees' Retirement System San Jose Federated City Employees' Retirement System San Luis Obispo County Employees' Retirement Association^ San Diese County Employees' Retirement Association^ Santa Barbara County Employees' Retirement System Sonoma County Employees' Retirement Association^ State Barbara County Employees' Retirement Association^ State Teachers' Retirement System Defined benefit plan only; cash balance plans not eligib Tulare County Employees' Retirement Association^ State Teachers' Retirement System Defined benefit plan only; cash balance plans not eligib Tulare County Employees' Retirement Association^ State Teachers' Retirement Association^ University of California Retirement Program Defined benefit plan only; cash balance plans not eligib Ventura County Employees' Retirement Association^ *=Also CalPERS-covered agency	ayroll Tech:	_ Date: St	taff MPP Faculty Lect	urer TA GA ISA	Reciprocal pack	tet: Y / NA	
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California Public Employees' Retirement System P.O. Box 942709 Sacramento, CA 94229-2709 888 CalPERS (or 888-225-7377)

TTY: (877) 249-7442 | Fax: (916) 795-4166 www.calpers.ca.gov

Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the *Reciprocal Self-Certification Form (PERS-EAMD-801)* to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the *Reciprocal Self-Certification Form*, please visit our website at www.calpers.ca.gov.

Please note: The completion of the *Reciprocal Self-Certification Form* does not establish <u>reciprocity</u>, nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at **www.calpers.ca.gov**.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, *Reciprocal Self-Certification Form*, and Directions for Completing Reciprocal Self-Certification Form

Instructions for Completing the Reciprocal Self-Certification Form

Section 1. Complete the required fields with your name, date of birth, and CalPERS ID. Member Check **one** of the appropriate boxes to indicate if you have had membership in a defined Information benefit plan in one of the qualifying public retirement systems named on the enclosed list. If you have not been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3. If you have membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section This form is to obtain information regarding your membership in other qualifying public retirement systems; do not include CalPERS membership on this form. Section 2. In the first column, titled "Name of Public Retirement System," list the name of any qualifying Qualifying public retirement systems you are a member of a defined benefit plan. Reciprocal If you are a member of multiple qualifying public retirement systems, please provide Membership the name of each system beginning with the most recent in descending order. Information Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form. In the second column, titled "Membership Date," list your membership date in the qualifying public retirement system. You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed. If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form. In the third column, titled "Separation Date," list your separation date from the qualifying public retirement system. This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank. - If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year. If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form. In the fourth column, titled "Retired or Refunded," indicate if you have retired or refunded from the qualifying public retirement system. This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank. If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year. Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance. Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions. Section 3. Please read the statement. Then, sign your name and date the document before returning it to Sign and your personnel office. Certify

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

- 1. Enrollee identification
- 2. Payroll deduction/state contributions
- 3. Billing of contracting agencies for employee/ employer contributions
- 4. Reports to CalPERS and other state agencies
- 5. Coordination of benefits among carriers
- 6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).

