



San Bernardino County Employees' Retirement Association

Membership Tier Verification

P: 909.885.7980 | E: memberservices@sbcera.org | sbcera.org

Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100,
San Bernardino, CA 92408
Fax | 909.884.1904
Online | SBCERA.org/mySBCERA

This form is designed to help SBCERA employers place new members in the correct retirement plan immediately upon hire.

Instructions

Employer: This form must be provided to all newly hired SBCERA members and only returned if the person appears to qualify for Tier 1 membership. **SBCERA needs to process the form before the end of the employee's first pay period.**

New SBCERA Member: To place you in the correct retirement plan and deduct the correct amount of retirement contributions from your paycheck, please complete this form and return it to your payroll representative. Based on your answers, you may be transferred into a different retirement plan, and you may owe additional contributions. If the information cannot be verified, you may be transferred again to the appropriate plan.

Section 1 Information About You

For security and identification purposes, **we require your SSN.**

Social Security Number		Date of Birth	
Last Name	First Name	Middle Initial	
Phone Number		Email Address	

Section 2 Past Employment Information

Have you previously been employed with any other public agency in California? (e.g., City, County, School District, State)

Yes (If selected, proceed to **Section 3**)

No (If selected, proceed to **Section 4**)

Section 3 Reciprocity (If Applicable)

If you do not know your exact last day of employment with your previous employer, please provide an estimate. SBCERA will confirm the dates independently.

Did your membership start on or before December 31, 2012?

Yes (If selected, answer the following question)

No (If selected, proceed to **Section 4**)

Are/were you a member of the retirement system for the employer indicated in Section 2? (e.g., CalPERS, OCERS, LACERA, etc.)

Yes

No (If selected, proceed to Section 4)

Please provide the name(s) of other public retirement system(s):

Prior Public Retirement System: _____

Last Date of Your Employment: Day _____ Month _____ Year _____

Prior Public Retirement System: _____

Last Date of Your Employment: Day _____ Month _____ Year _____

If SBCERA determines that you are eligible, do you elect to establish reciprocity?

Yes

No

Please continue to Section 4, then sign and return to your employer.

Section 4 Member Certification

This form will be rejected if this section is not complete.

I hereby certify that my responses to the questions above are true and correct and any information which cannot be verified, or which is found to be incorrect may require corrections to my SBCERA account including, but not limited to: (1) the retirement plan in which I am enrolled; (2) the amount of contributions I must pay; (3) my qualifying service time; and (4) my date of membership.

Executed on _____, at _____
Date City, State



X _____
Signature of Member

Submittal Instructions:

Member: Return this form back to your employer.

Employer:

- If the member selected No in Section 2 or answered No to any of the questions in Section 3, do not submit this form to SBCERA.
- **If the member answered Yes to the last question in Section 3, then they appear to be eligible for Tier 1 membership. You should place them into Tier 1 membership and submit this form to SBCERA.**