



New Member Orientation

2021



San Bernardino County Employees'
Retirement Association

About SBCERA

\$12+ Billion Trust Fund

Multiple Employer Defined Benefit Plan

- Nearly 43,000 Members and Beneficiaries
- 17 Employers

Board of Retirement

1937 Act and PEPRA

Retirement Plan Differences

457b or 401k

- Voluntary
- You choose \$ or %
- You choose investments
- Invest more to get more
- Risk of market loss, inadequate savings, longevity, excess withdrawal

Defined Benefit Plan

- Mandatory
- SBCERA Determines %
- We manage investments
- Benefit based on formula
- Less flexibility, more stability

SBCERA Pension 101

1. Mandatory Enrollment

- If you work 40 or more hours per pay period
- Age 60+ when you start, you may waive membership

2. Refundable Contributions

- Upon termination you may cash out or leave funds on deposit

3. Cannot Borrow from Your Contributions

4. No Social Security Contributions or Credit

- Will still contribute to Medicare

5. Vesting

- Five years of Service Credit
- Nonservice-Connected Disability
- Deferred Retirement
- Lifetime benefit
- Additional death benefits

Tiers & Contributions

Tier 1

- Joined SBCERA prior to January 1, 2013
OR
- Established reciprocity with another California public retirement system with whom you were employed prior to 1/1/13

Tier 1 Contribution Rates FY 21/22

www.SBCERA.org/ContributionRates

- Your percentage depends on your entry age
- Entry age is closest age to your time of hire
- Entry age stays the same throughout your career

Tier 2 (Joined SBCERA on or after January 1, 2013)

Tier 2 Contribution Rates FY 21/22

Pre-Tax Contributions

County General:	9.09%
County Safety:	16.06%
Superior Court:	9.09%
SCAQMD:	7.98%
Other General:	9.10%

*Subject to annual cap of \$153,671 for 2021

Rates are set annually by the SBCERA Board
Benefit is NOT based on your contributions

All General Members contribute \$0.91 per pay period for Survivor Benefits

What If I Leave?

Less than 5 years

- Refund or rollover
 - Revokes all benefits
 - Refunds subject to taxes; rollovers to qualified plans are not
- Leave funds on deposit, cash out later
- Leave funds on deposit, return to SBCERA later
- Establish Reciprocity

More than 5 years (Vested)

- All of the above OR
- Leave funds on deposit and retire later (Deferred Retirement)

Reciprocity

How?

- Within 180 days (6 months) break in service
- Not receiving a pension from the other system/association
- Did not withdraw your contributions
- No overlapping service credit
- Elect Reciprocity

Why?

- Service credit in one counts toward vesting and eligibility in the other
- Possible Tier 1 Membership if you were a member of another California public retirement system before 1/1/13
 - General 2% @ 55
 - Safety 3% @ 50
- Final Average Compensation may count for both

You must file an application for retirement with each system in advance and indicate the same retirement effective date.

Retirement Types

Service Retirement

Lifetime monthly benefit with a continuance to your eligible beneficiary

Disability Benefit

Permanently incapable of performing usual job duties

- Service-Connected or
- Non-Service Connected (5 Years Service Credit)

Deferred Retirement (5 Years Service Credit)

Contributions stay on deposit until you are eligible and ready to retire

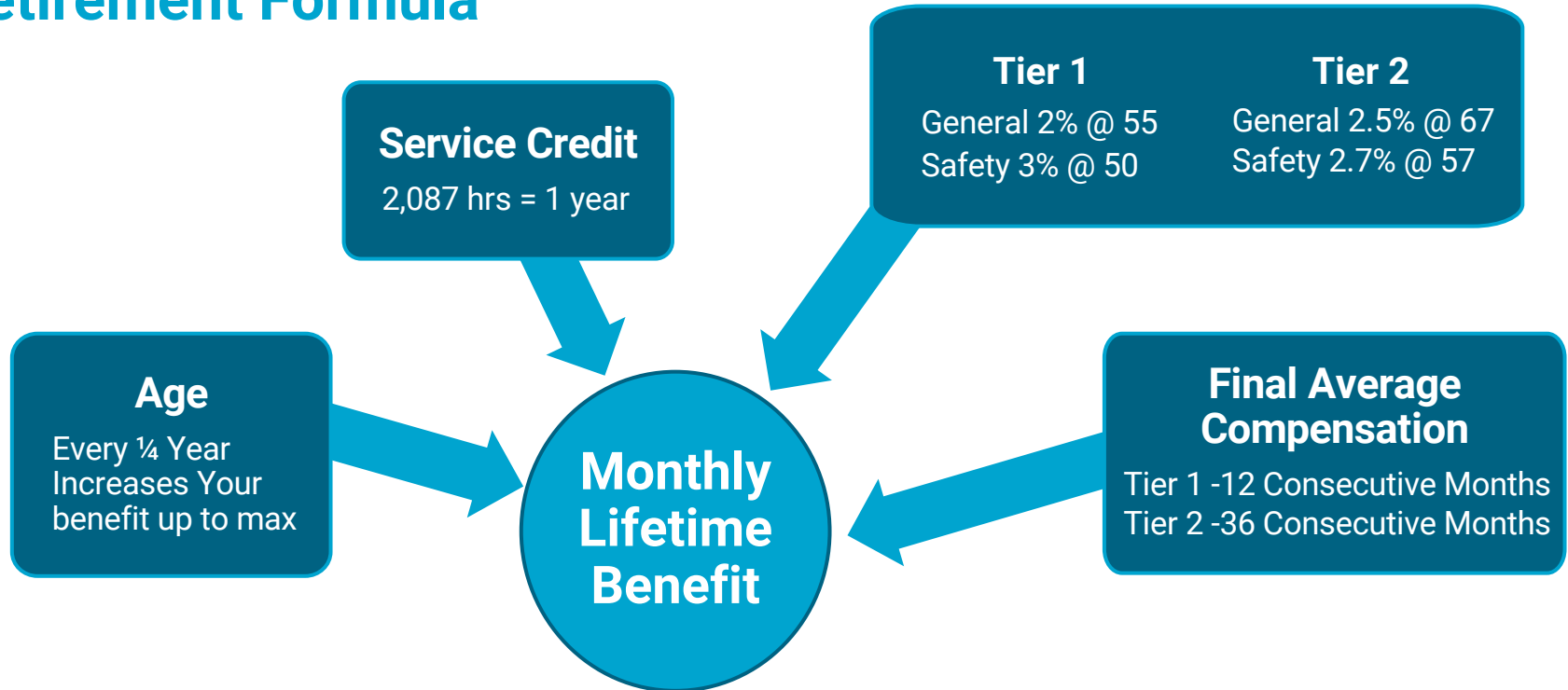


Retirement Eligibility

General	
Tier 1	Tier 2
<ul style="list-style-type: none">Any age with 30+ years of service creditAge 50+ with 10+ years of service creditActive part-time members age 55+ with 10+ years of membership and 5+ years of service credit	<ul style="list-style-type: none">Age 52+ with 5+ years of service credit
Safety	
Tier 1	Tier 2
<ul style="list-style-type: none">Any age with 20+ years of service creditAge 50+ with 10+ years of service creditActive part-time members age 55+ with 10+ years of membership and 5+ years of service credit	<ul style="list-style-type: none">Age 50+ with 5+ years of service credit
Active Members age 70+ with any amount of service credit	

Calculating Benefits

Retirement Formula



Estimate Your Benefit

Tier 2 General Members

Deferred Retirement	Service Purchase
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Age & Credit	55	56	57	58	59	60	61	62	63	64	65	66	67
15	19.50%	21.00%	22.50%	24.00%	25.50%	27.00%	28.50%	30.00%	31.50%	33.00%	34.50%	36.00%	37.50%
16	20.80%	22.40%	24.00%	25.60%	27.20%	28.80%	30.40%	32.00%	33.60%	35.20%	36.80%	38.40%	40.00%
17	22.10%	23.80%	25.50%	27.20%	28.90%	30.60%	32.30%	34.00%	35.70%	37.40%	39.10%	40.80%	42.50%
18	23.40%	25.20%	27.00%	28.80%	30.60%	32.40%	34.20%	36.00%	37.80%	39.60%	41.40%	43.20%	45.00%
19	24.70%	26.60%	28.50%	30.40%	32.30%	34.20%	36.10%	38.00%	39.90%	41.80%	43.70%	45.60%	47.50%
20	26.00%	28.00%	30.00%	32.00%	34.00%	36.00%	38.00%	40.00%	42.00%	44.00%	46.00%	48.00%	50.00%
21	27.30%	29.40%	31.50%	33.60%	35.70%	37.80%	39.90%	42.00%	44.10%	46.20%	48.30%	50.40%	52.50%
22	28.60%	30.80%	33.00%	35.20%	37.40%	39.60%	41.80%	44.00%	46.20%	48.40%	50.60%	52.80%	55.00%
23	29.90%	32.20%	34.50%	36.80%	39.10%	41.40%	43.70%	46.00%	48.30%	50.60%	52.90%	55.20%	57.50%
24	31.20%	33.60%	36.00%	38.40%	40.80%	43.20%	45.60%	48.00%	50.40%	52.80%	55.20%	57.60%	60.00%
25	32.50%	35.00%	37.50%	40.00%	42.50%	45.00%	47.50%	50.00%	52.50%	55.00%	57.50%	60.00%	62.50%

Purchasing Service

Type	Rules	Allowable Uses of Time	Cost
Redeposit of Withdrawn Contributions	All or Nothing	<ul style="list-style-type: none"> Vesting Retirement Eligibility Adds Service Credit 	\$
Past Ineligible Service (Part-Time, Temp, CETA, Contract, Seasonal)	None	<ul style="list-style-type: none"> Vesting Retirement Eligibility Adds Service Credit 	\$
Authorized Leave (military, injury, illness)	Up to 12 consecutive months per sick leave	<ul style="list-style-type: none"> Vesting Retirement Eligibility Adds Service Credit 	\$\$
Prior Public Agency Service (PPAS) (state, federal, military, some cities and counties)	Certain rules apply based on service	<ul style="list-style-type: none"> Does NOT count towards Vesting and Retirement Eligibility Adds Service Credit 	\$\$
Payment options			Estimates available
<ul style="list-style-type: none"> After-Tax Payment Plan After-Tax Lump Sum 	<ul style="list-style-type: none"> Rollover from deferred compensation (i.e. 457b or 401k) 		

Disclaimer: A service purchase may not benefit you in the event the Board grants you a disability retirement. Please contact SBCERA at ServiceCredit@SBCERA.org for further information.

Do you know who your Beneficiary is?

- Yes
- No
- Maybe
- Yes, but I need to change it



Designating Beneficiaries

Prior to Retirement

- Person(s) designated to receive survivor benefits
(Eligible takes precedence)
- Can designate more than one
- Can revoke as needed
- Beneficiaries may have options

Membership Enrollment



San Bernardino County Employees'
Retirement Association

348 W. Hospitality Lane, Suite 100
San Bernardino, CA 92408

P: 909.885.7980
E: memberservices@sbcera.org

MEMBERSHIP ENROLLMENT AFFIDAVIT

(For new hire employee or newly appointed to regular full time position)

NUMBERS 1 THROUGH 16 TO BE COMPLETED BY EMPLOYEE. PLEASE TYPE OR PRINT.

1. Last Name		2. First Name		3. Middle Name	
4. Social Security Number		5. Email Address		6. Home Telephone	
7. Mailing Address			City	State	Zip Code
8. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	9. Date of Birth		10. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner		
11. Date of Marriage		12. Spouse/Domestic Partner Name			

13. Have you previously been employed with the County or any other public agency in California? ☐ Yes* ☐ No
 *Name of Public Agency: _____

14. Do you wish to establish reciprocity? ☐ Yes ☐ No

15. For employees who are age 60 or older at the time of appointment to a regular position:
☐ I hereby declare that I am 60 years of age at time of appointment & choose to waive SBCERA membership. Initial ()
☐ I hereby declare that I am 60 years of age at time of appointment & choose to join SBCERA. Initial ()
Note: If you choose to waive membership, you must do so within 90 days following initial appointment to a regular position.

16. Beneficiary Designation (Select only 1 box; appointing a Trust Account as beneficiary is **not** valid):
☐ I designate my estate.
☐ I wish to designate multiple beneficiaries. I have completed and attached a Beneficiary Designation/Change Form.
☐ I designate the following person as my beneficiary under the terms of the County Employees' Retirement Act of 1937:

Last Name	First Name	Middle Name	Beneficiary SSN	Date of Birth	Relationship

13. Were you previously employed with the County or any other public agency in California? If so, which one(s)?

14. Do you wish to establish reciprocity?

15. Over age 60? Indicate if you want to waive membership or join.

16. Beneficiary Designation

Spouse/ Domestic Partner Signature

Justification for Non-Signature

- No spouse or domestic partner
- Divorced
- Legally Separated
- Widowed
- Whereabouts unknown
- Unavailable

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San Bernardino, CA 92410 P: 909.255.7900
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JUSTIFICATION FOR NON-SIGNATURE OF SPOUSE OR DOMESTIC PARTNER

Please print Name, Address, City, State, Zip below.

Government Code Section 31760.3 requires that the current spouse or domestic partner be notified of the selection of benefits or change of beneficiary made by a member, unless the member makes the following declaration, in writing under penalty of perjury.

I, _____ (member name), declare:

1. That on _____ (date) I have made: (Check One)

☐ An application for a refund of my accumulated contributions

☐ An election of optional settlement

☐ A change in beneficiary designation

Select either 2 or 3 and indicate specifics:

2. ☐ By checking this box, you indicate that you are not legally married or in a legal domestic partnership because:

☐ Never married or never in a legal domestic partnership.

☐ Divorced/legally separated/marriage annulled or domestic partnership terminated. _____ (date (mm/dd/yyyy))

☐ Widowed. _____ (date (mm/dd/yyyy))

3. ☐ That my selection of benefits or change of beneficiary, as mentioned above in section 1, did not contain the signature of my current spouse or domestic partner because: (Check One)

☐ My current spouse or domestic partner has no identifiable community property interest in the benefit

☐ I do not know, and have taken all reasonable steps to determine the whereabouts of my current spouse or domestic partner.

☐ My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgment

☐ My current spouse or domestic partner is incapable of executing the acknowledgment because of incapacitating mental or physical condition

☐ My current spouse or domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the Family Code, which make the community property law inapplicable to the marriage.

If a selection was made under section 3, you must provide the name of your spouse or domestic partner below:

My current spouse or domestic partner's name is: _____ (Please print)

I declare under penalty of perjury all of the foregoing statements to be true and correct.

Executed this _____ day of _____, 20____, in _____ (CITY)

_____, (STATE)

(SIGNATURE OF DECLARANT) _____
(LAST FOUR DIGITS OF SSN OF DECLARANT)

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Resources

www.SBCERA.org

[mySBCERA](#)

- [Sign up for eCorrespondence in mySBCERA](#)

[Membership Guide](#)

[Retirement Representatives](#)

[Annual Member Statement](#)





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