SB cera

New Member Orientation

SB cera

San Bernardino County Employees' Retirement Association

About SBCERA

\$13+ Billion Trust Fund

Multiple Employer Defined Benefit Plan

- Nearly 48,000 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 23/24

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 23/24

Pre-Tax Contributions

County General:	9.08%
County Safety:	15.77%
Superior Court:	9.08%
SCAQMD:	8.23%
Other General:	9.09%

^{*}Subject to annual cap of \$181,734 for 2024

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

All General Members contribute \$0.92 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 6-month 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

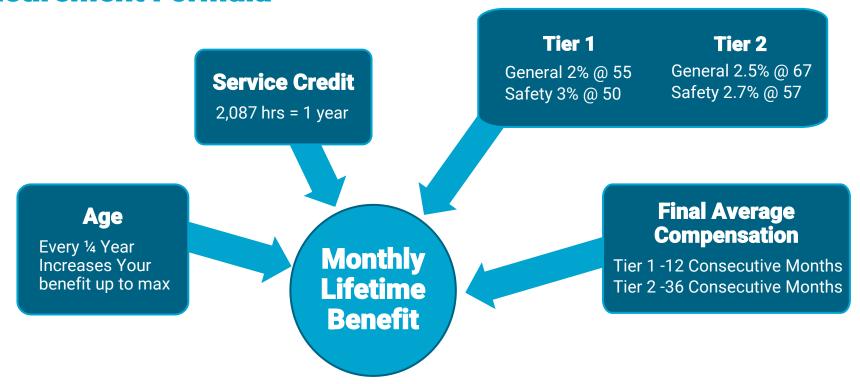


Retirement Eligibility

General Control of the Control of th								
Tier 1	Tier 2							
 Any age with 30+ years of service credit Age 50+ with 10+ years of service credit Active part-time members age 55+ with 10+ years of membership and 5+ years of service credit 	Age 52+ with 5+ years of service credit							
Sat	Safety							
Tier 1	Tier 2							
 Any age with 20+ years of service credit Age 50+ with 10+ years of service credit Active part-time members age 55+ with 10+ years of membership and 5+ years of service credit 	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

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

Туре	Rules	Allowable Use	es of Time	Cost
Redeposit of Withdrawn Contributions	All or Nothing	VestingRetirement EligibilityAdds Service Credit		\$
Past Ineligible Service (Part-Time, Temp, Contract, Seasonal)	None	VestingRetirement EligibilityAdds Service Credit		\$
Authorized Leave (military, injury, illness)	Up to 12 consecutive months per sick leave	VestingRetirement EligibilityAdds Service Credit		\$\$
		count towards I Retirement ce Credit		
Payment options				
 After-Tax Payment Plan After-Tax Lump Sum Rollover from deferred compensation (i.e. 457b or 401k) 			Estimates available	

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

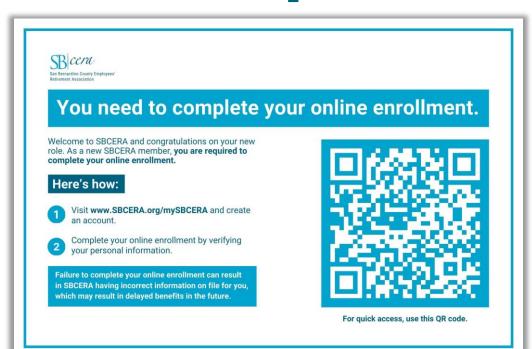


Designating Beneficiaries

Prior to Retirement

- •The person(s) designated to receive survivor benefits (Eligible takes precedence)
- You can designate more than one
- You can revoke as needed

Membership Enrollment



As a new SBCERA member, you are required to complete your online enrollment. We will send you a welcome postcard with instructions on how to complete your online enrollment in mySBCERA.

- Visit <u>www.SBCERA.org/mySBCERA</u> and create an account.
- Complete your online enrollment by verifying your personal information.

Membership Tier Verification

SB	cera
	ardino County Employees'

Membership Tier Verification

Fax

Mail | 348 W. Hospitality Lane Suite 100, San Bernardino, CA 92408 Fax | 999.884.1904 Online | SBCERA.org/mySBCERA

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

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	Social Security Number					
require your SSN.	Last Name	First Name	Middle Initial			
	Phone Number Email Address					
Section 2	Past Employment Infor	rmation				
	Have you previously been empl School District, State) Yes (If selected, proceed to No (If selected, proceed to		ifornia? (e.g., City, County,			
Section 3	Reciprocity (If Applica	ble)				
If you do not know your exact last day of employment with your previous employer, please	Did your membership start on o Yes (If selected, answer the No (If selected, proceed to	e following question)				
provide an estimate. SBCERA will confirm the dates independently.	Are/were you a member of the CalPERS, OCERS, LACERA, etc.) Yes No (If selected, proceed to Selected)		cated in Section 2? (e.g.,			

Complete a **Membership Tier Verification Form** to ensure you are placed in the correct retirement plan.

Resources

www.SBCERA.org **mySBCERA**

Sign up for eDelivery in mySBCERA

Membership Guide

Retirement Representatives

Annual Member Statement











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(909) 885-7980
Toll Free
(877) 722-3721
MemberServices@SBCERA.org