

Retired Employees of San Bernardino County

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Submit this Form:

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

Fax | 909.884.1904

Online | SBCERA.org/mySBCERA

As a retired member, SBCERA offers you the ability to deduct your Retired Employees of San Bernardino County (RESBC) membership dues (\$1.00 per month) from your monthly retirement benefit. For more information on membership please contact RESBC at RESBCinfo@gmail.com. If you would like to have your RESBC membership dues deducted or cancel a current deduction from your SBCERA retirement benefit, please complete this form and return to SBCERA.

| Continu 1 | | | | | |
|---|---|------------|----------|----------------|--|
| Section 1 For security and identification purposes, we | Information About You SBCERA ID or Last Four Digits of SSN | | | | |
| require your SBCERA ID number or the last four digits of your SSN. Your SBCERA identification number can be accessed in your mySBCERA account. | Last Name | First Name | | Middle Initial | |
| | Mailing Address | | | | |
| | City | State | Zip Code | Zip Code | |
| | Phone Number | Email Addr | dress | | |
| | Former Employer or Department | | | | |
| | | | | | |
| Section 2 | Request Type | | | | |
| Check one box only. | ☐ I authorize SBCERA to deduct \$1.00 each month from my | | | | |
| State the effective date of your request. | retirement benefit payments for RESBC membership. | | | | |
| | I authorize SBCERA to cancel the \$1.00 monthly deduction from my retirement benefit payments for RESBC membership. | | | | |
| Section 3 Member Certification | | | | | |
| This form will be <i>rejected</i> if this section is not complete. | I agree that my signature below authorizes SBCERA to provide my current address, an email address, and updates of those addresses to RESBC so I can receive the Prime Time newsletter published by RESBC and any other communication sent by RESBC. I understand by authorizing the release of my address, including an email address, that RESBC may use this information for other purposes such as mailing and other means of contacting me as prescribed by the RESBC Board. By my signature below, I release SBCERA from any liability that may result from the release of my information to RESBC. You are advised to contact RESBC at RESBCinfo@gmail.com regarding its use and retention of your information. | | | | |
| | X | | Date | | |