



San Bernardino County Employees'  
Retirement Association

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

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## 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? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Name of Public Agency:					
14. Do you wish to establish reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. For employees who are age 60 or older at the time of appointment to a regular position: <input type="checkbox"/> I hereby declare that I am 60 years of age at time of appointment & choose to <u>waive</u> SBCERA membership. Initial ( ) <input type="checkbox"/> I hereby declare that I am 60 years of age at time of appointment & choose to <u>join</u> SBCERA. Initial ( ) <b>Note:</b> 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 <b>not</b> valid): <input type="checkbox"/> I designate my estate. <input type="checkbox"/> I wish to designate multiple beneficiaries. I have completed and attached a Beneficiary Designation/Change Form. <input type="checkbox"/> 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
<b>Under penalty of perjury, I declare the foregoing statements are true and current to the best of my knowledge and belief.</b>					
Employee Signature			Date		
<b>Notification Of Spouse/Domestic Partner</b>					
Government Code section §31760.3 requires the current spouse/domestic partner be notified of the selection or change of beneficiary made by a member. If there is no signature below or if you are not married, a Justification For Non-Signature of Spouse/Domestic Partner Form must be returned to SBCERA along with the Membership Enrollment Affidavit.					
Spouse/Domestic Partner Signature				Date	

### TO BE COMPLETED BY HIRING EMPLOYER/DEPARTMENT

Membership Plan:		Date Appointed to Regular Position:	Employer:	
<input type="checkbox"/> General	<input type="checkbox"/> Safety		<input type="checkbox"/> County of San Bernardino <input type="checkbox"/> If other, please specify:	
FOR COUNTY OF SAN BERNARDINO USE ONLY:				
<b>Please specify the Hiring Department:</b>				
Payroll /Human Resources Dept. Representative (Print Name)			Telephone	
FOR SCAQMD USE ONLY: <input type="checkbox"/> OCM <input type="checkbox"/> Non-OCM <input type="checkbox"/> Pre 79 <input type="checkbox"/> Post 79 <input type="checkbox"/> Not eligible for Employer Pick-Up (Additional Current)				