



San Bernardino County Employees' Retirement Association

Membership Election (60+)

(California Government Code Section 31552)

P: 909.765.2883 | E: Employers@SBCERA.org | SBCERA.org

Submit this Form:

Online: SBCERA.org/EmployerDirect

This form serves as a waiver of membership for members who have attained the age of sixty or greater prior to employment.

Instructions

Employer: This form must be provided to **all new hires who are sixty years old and above**. The form should be returned to SBCERA even if the employee is not waiving membership.

New Hire: As a new employee who is sixty or older, you have the right to waive your membership with SBCERA. You must complete this form within 90 days following your initial appointment to a regular position.

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	
Mailing Address			
City	State	Zip Code	
Phone Number	Email Address		

Section 2 Membership Election (Select Only One)

As a new employee who is sixty or older, you have the right to waive your membership with SBCERA. You must complete this form within 90 days following your initial appointment to a regular position.

I Elect Membership

I hereby declare that I am sixty years of age at the time of appointment, and **I elect to become a member of SBCERA and participate in SBCERA's Defined Benefit retirement plan.** (If selected, proceed to Section 4)

I Waive Membership

I hereby declare that I am sixty years of age at the time of appointment, and **I do not elect to become a member of SBCERA and not participate in SBCERA's Defined Benefit retirement plan.** (If selected, proceed to Section 3)

Section 3 Waiver of Membership

If you are electing to waiver membership, you must complete this section.

I, _____, having attained the age of sixty or greater prior to my
(Name of Employee)

employment, and having no service credit or funds on deposit with the San Bernardino

County Employees' Retirement Association (SBCERA), hereby expressly, unequivocally, and

irrevocably waive all rights to membership in SBCERA and any SBCERA benefits that would

Section 3 Waiver of Membership (Continued)

accrue by virtue of my employment with _____,
(Name of Employer)

commencing on _____. I understand that by waiving my membership I am
(Date of Employment)

not eligible to earn service credit in SBCERA, I am not eligible for SBCERA reciprocal benefits, and no funds will be deposited by me or on my behalf to SBCERA for purposes of accruing retirement benefits, including service, survivor, or disability benefits. I further understand that I bear all legal responsibility for the decision to waive membership and any consequence that results from this decision.

Section 4 Certification

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



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

Executed on _____, at _____
Date City, State

X _____ **X** _____
Printed Name Signature