

State of California California Public Employees' Retirement System

www.calpers.ca.gov

Date

Reciprocal Self-Certification Form

Complete the following information and return this form to your employer within 10 business days to determine your eligibility for benefits in CalPERS. To ensure this form is completed correctly, please reference the enclosed *List of Qualifying Reciprocal Retirement Systems in California*.

S	Section 1: Member Information				
Me	ember Name (Last)	(First)	(Middle)		
Da	te of Birth	CalPERS ID	Enrollment Date with this Employer		
Are	e you a member of CalPERS with funds on	deposit? ☐ Yes ☐ No			
Re	•	☐ No If yes, complete Section 2 v	ed on the attached <i>List of Qualifying Reciprocal</i> vith membership information for each qualifying no, skip to Section 3.		
Se	ection 2: Qualifying Reciprod	al Membership Informat	tion		
err		Reciprocal Retirement System	lure to validate information may result in enrollment ms in California. Only include details on this form it RS-covered.		
1)	Full name of most recent reciprocal retirement system (do not provide an acronym):				
	Membership date in most recent reciprocal system (MM/DD/YYYY):				
	Are you currently active with this reciprocal system? Yes No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):				
	Did you receive a refund from this recipro	ocal system? 🗆 No 🗆 Yes, provide r	efund date (MM/DD/YYYY):		
	Did you retire from this reciprocal system	? □ No □ Yes, provide retirement o	date (MM/DD/YYYY):		
	Note: If you have additional reciprocal me	embership, provide the details below	for reciprocal system #2. If you do not, skip to Section 3.		
2)	Full name of reciprocal retirement system	ո (do not provide an acronym)։			
	Membership date (MM/DD/YYYY):				
	Are you currently active with this reciproc CalSTRS (MM/DD/YYYY):	:al system? □ Yes □ No, provide se	paration date (or last activity date if a member of		
	Did you refund from this reciprocal system? ☐ No ☐ Yes, provide refund date (MM/DD/YYYY):				
	Did you retire from this reciprocal system	? □ No □ Yes, provide retirement o	date (MM/DD/YYYY):		
	Note: If you have additional reciprocal me	embership, attach a second form. If y	ou do not, skip to Section 3.		
S	ection 3: Sign and Certify				
un			of each system where I have membership. I also the ligibility in CalPERS. It is not a request to		
co lim an	rrect and any information found to be nited to, my retirement enrollment lev	e incorrect may require correction rel or formula and adjustments t	alifying reciprocal retirement system as true and ons to my CalPERS account including, but not o my member contributions. CalPERS may make alled and eligible to receive the correct retirement		

Member Signature

List of Qualifying Reciprocal Retirement Systems in California

Only provide membership information on the *Reciprocal Self-Certification* form for membership in the defined benefit plan of the following systems. CalPERS data should **not** be included on the form.

Name of Reciprocal Retirement System	Qualifications:
Alameda County Employees' Retirement Association	
City and County of San Francisco Employees' Retirement Sys	stem *
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Delano Retirement System*	
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association	
Imperial County Employees' Retirement Association	
Judges Retirement System II	
Kern County Employees' Retirement System	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only;
	L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association	
Los Angeles County Metropolitan Transportation Authority*	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association	<u> </u>
Mendocino County Employees' Retirement Association	
Merced County Employees' Retirement Association	
Oakland Municipal Employees' Retirement System (City of Oakland)*	Non-safety (miscellaneous) only
Orange County Employees' Retirement System	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association	, , , ,
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association	
San Joaquin County Employees' Retirement Association	
San Jose City Employees' Retirement Systems	Safety and miscellaneous
San Luis Obispo County Pension Trust	•
San Mateo County Employees' Retirement Association	
Santa Barbara County Employees' Retirement System	
Sonoma County Employees' Retirement Association	
Stanislaus County Employees' Retirement Association	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association	, , , , , , , , , , , , , , , , , , ,
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association CalPERS-covered agency – *Only include details on this form if you were a revered	

covered

CalPERS Privacy Notice

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

- 1. Social Security numbers are used for the following purposes:
- 2. Enrollee identification
- 3. Payroll deduction/state contributions
- 4. Billing of contracting agencies for employee/employer contributions
- 5. Reports to CalPERS and other state agencies
- 6. Coordination of benefits among carriers
- 7. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer 400 Q Street Sacramento, CA 95811

You may also call us at 888 CalPERS (or 888-225-7377).