

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*.

Section 1: Member Information				
Me	mber Name (Last)	(First)	(Middle)	
Date of Birth		CalPERS ID	Enrollment Date with this Employer	
Are	you a member of CalPERS with funds	on deposit? □ Yes □ No		
Re	•	s □ No If yes, complete Section 2 v	ed on the attached <i>List of Qualifying Reciprocal</i> with membership information for each qualifying no, skip to Section 3.	
Se	ection 2: Qualifying Recipro	ocal Membership Informa	tion	
err		g Reciprocal Retirement System	lure to validate information may result in enrollment ms in California . Only include details on this form if 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 reciprocal system? ☐ No ☐ Yes, provide refund date (MM/DD/YYYY):			
	Did you retire from this reciprocal system? ☐ No ☐ Yes, provide retirement date (MM/DD/YYYY):			
	Note: If you have additional reciprocal membership, provide the details below for reciprocal system #2. If you do not, skip to Section 3.			
2)	Full name of reciprocal retirement syst	em (do not provide an acronym):		
	Membership date (MM/DD/YYYY):			
	Are you currently active with this recip CaISTRS (MM/DD/YYYY):	rocal system? 🛘 Yes 🗎 No, provide se	eparation date (or last activity date if a member of	
	Did you refund from this reciprocal sys	tem? □ No □ Yes, provide refund dat	te (MM/DD/YYYY):	
	Did you retire from this reciprocal system? ☐ No ☐ Yes, provide retirement date (MM/DD/YYYY):			
	Note: If you have additional reciprocal membership, attach a second form. If you do not, skip to Section 3.			
Se	ection 3: Sign and Certify	/		
un			of each system where I have membership. I also not eligibility in CalPERS. It is not a request to	
coi lim an	rrect and any information found to ited to, my retirement enrollment I	be incorrect may require correction evel or formula and adjustments to	alifying reciprocal retirement system as true and ons to my CalPERS account including, but not to my member contributions. CalPERS may make olled 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		
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 Ventura County Employees' Retirement Association	Defined benefit plan only; cash balance plans not eligible	
CalPERS-covered agency – *Only include details on this form if you were a member under the reciprocal retirement systems listed and not CalPERS-		

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).