

# GENERAL MEMBER PLAN ELECTION FORM



This form must be completed and received by *SamCERA* no later than 60 days from date of employment.

San Mateo County Employees' Retirement Association  
 100 Marine Parkway, Suite 125, Redwood Shores, CA 94065  
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 Phone: (650) 599-1234, Toll Free: (800) 339-0761

## PART 1 – ENROLLMENT INFORMATION

SS Number:	Last Name:	First and Middle Name:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Email:
Department:	Work Telephone:	Pony Number:
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married or State registered domestic partner	If you have worked for either San Mateo County, the San Mateo County Superior Court or Mosquito and Vector Control District before, enter the dates:	
Did you come from another public agency in the State of California within 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the name of the public agency: Did you retire from that public agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Check box if you would like to establish reciprocity (see the "First Things First" booklet for definition), if eligible <input type="checkbox"/>		

## PART 2 – GENERAL PLAN ELECTION

**I acknowledge and understand that:**

**I must make an election by initialing next to my plan election below, signing, dating and returning this form to *SamCERA* within 60 days of the date of my hire.** I further acknowledge that if *SamCERA* does not receive this completed form within the 60-day period, *I will have deemed to have elected General Member Contributory Plan 5 and SamCERA will enroll me in General Member Contributory Plan 5.*

**I have received *SamCERA's* member booklet, "First Things First: Your Guide to SamCERA Retirement Benefits for new General Member Employees Hired on or after August 7, 2011."** I understand there are significant differences in the cost and benefits between non-contributory Plan 3 and contributory Plan 5. I can receive information about my benefit options from *SamCERA's* staff.

**If I elect General Member Contributory Plan 5, I will be required** to pay contributions, including a payment of 50% of the cost of providing a Cost of Living Adjustment (COLA), which will be deducted from my salary each pay period. The formula used to calculate my retirement benefit is commonly referred to as 2% @ 61.25, and upon retirement, I will receive an annual COLA of up to 2%. If I elect contributory Plan 5, I cannot transfer to the non-contributory Plan 3. However, I may transfer into contributory Plan 4 which has a benefit formula of 2% @ 55.5 after providing the equivalent of ten years (20,800 hours) of service in Plan 5, and entering into an agreement with *SamCERA* to pay all of the additional employee (including additional cost share and COLA contribution costs) and employer contributions that would have been required if I had been in Plan 4 since the date of employment, plus interest.

**If I elect non-contributory Plan 3, I will have no *SamCERA* plan deductions** taken from my salary, however, I will receive a lesser benefit than the benefits received under Plan 5 and my benefit will be offset by my Social Security benefit. If I elect non-contributory Plan 3, I must remain in Plan 3 until I provide the equivalent of five years of service (10,400 hours) at which point I will have the option to transfer into contributory Plan 5 for future service credit only. After I provide the equivalent of ten years (20,800 hours) of service, I may elect to transfer to contributory Plan 4 by entering into an agreement with *SamCERA* to pay all of the additional employee (including additional cost share and COLA contribution costs) and employer contributions that would have been required if I had been in Plan 4 since the date of employment, plus interest.

**I understand that on or before the 60<sup>th</sup> day after my date of employment,** if I change my mind and want to elect a different plan, I can revoke my decision by submitting a completed "Plan Election Revocation Form" to *SamCERA* on or before the 60<sup>th</sup> day.

**I understand that after the 60<sup>th</sup> day from my date of employment, my election decision is final and irrevocable.** Any member who has elected or is deemed to have elected a benefit plan (due to failure to elect) and who terminates his or her employment and is later reemployed shall not be entitled to change his or her election upon that reemployment.

**Please indicate your plan election by placing your initials next to one of the following:**

I hereby elect membership in contributory Plan 5 \_\_\_\_\_

I hereby elect membership in non-contributory Plan 3 \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_