

# PLAN 5 ENROLLMENT FORM FOR SHERIFF'S SAFETY MEMBERS



San Mateo County Employees' Retirement Association  
 100 Marine Parkway, Suite 125, Redwood Shores, CA 94065  
 Pony: RET 141, Email: [samcera@samcera.org](mailto:samcera@samcera.org)  
 Phone: (650) 599-1234, Toll Free: (800) 339-0761

Please complete and return this form  
 to *SamCERA* as soon as possible.

## 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 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"/>		

## ACKNOWLEDGEMENT AND DECLARATION

I acknowledge that I have been automatically enrolled in Plan 5 and will have contributions, cost share and cost of living cost share deductions taken from my salary each pay period. Upon retirement under Plan 5 I will be eligible for an annual cost-of-living increase.

I declare under penalty of perjury that the information on this form is true and correct.

Signature of Member:		Date:
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