

**San Mateo County Employees'
Retirement Association**
(SamCERA)



Understanding Reciprocity

**GETTING THE MOST FROM
CHANGING PUBLIC EMPLOYERS
AND RETIREMENT SYSTEMS**

San Mateo County Employees' Retirement Association

100 Marine Parkway, Suite 125

Redwood Shores, Ca 94065

Phone: 650-599-1234 or Toll Free 800-339-0761

Website: www.samcera.org

Email: samcera@samcera.org



What is Reciprocity?

As a member of the San Mateo County Employees' Retirement Association, if you take a position with another public entity in California, you may be eligible for the benefits of reciprocity.

This booklet provides information about your potential rights and benefits as a *SamCERA* member when you move from one public retirement system to another.

Reciprocity is an agreement among most California public retirement systems to move from public employer to public employer within a specific time limit, to retain certain retirement benefit rights.

Your SamCERA benefits are governed by law; therefore, any discrepancies between the law and the information in this booklet will be resolved in accordance with the law.

SamCERA has an agreement with most California public retirement systems that allows you to move from public employer to public employer and retain certain retirement benefit rights than can both reduce the cost to you for your benefits and increase the value of your benefits.

You cannot transfer your retirements funds or service credit from one employer to another, but you can *coordinate* your retirement plans.

When you establish reciprocity, you become a member of both systems and gain the benefits from both of those systems. When you retire, you receive separate retirement allowances from both systems and you must apply to retire from each system separately. In order for you to receive all of the benefits of reciprocity, you must retire on the same date from all public retirement systems participating in the agreement. Among other important requirements, reciprocity is only available when your employment gap between eligible agencies is no more than 180 days.

Important: Because reciprocity is an agreement between retirement systems and retirement benefit provisions vary, you should make sure that you know the potential advantages and disadvantages of requesting reciprocity before you change employers. Reciprocity benefits are governed by the plan documents of the various retirement systems. These plan documents are subject to change. If there are any discrepancies between those plan documents and the information in this booklet, the plan documents have precedence.

As you read this information, please note that *SamCERA's* authority extends only to applying and implementing the County Employees' Retirement Law of 1937. It does not extend to laws and regulations under which other public retirement systems are administered. Questions relating to rights, benefits and obligations under any other public retirement system should be addressed directly to the appropriate system.

WHY CHOOSE RECIPROCITY?

- It allows you to use the contribution rate for your Age of Entry at the first reciprocal agency as you move from one job to another job, keeping your cost for retirement benefits lower than otherwise at the second employer.
- With reciprocity, your retirement at all reciprocal agencies is calculated using your highest average salary from any one of the participating systems (when you retire from all on the same day). This maximizes the value of your total benefit from all agencies.
- It enhances your retirement benefit for a career within participating California public agencies.
- It links your retirements funds and your service credit as you move from one public agency to another public agency.

Warning: While reciprocity is "additive" for service retirement, it is "integrated" for disability benefits. If you think you may be eligible for a disability benefit, reciprocity may not be to your advantage. Once established, reciprocity cannot be canceled.

Public Retirement Systems

Statewide Systems:

California Public Employees' Retirement System
(CalPERS)

California State Teachers Retirement System
(CalSTRS)

All agencies whose employees are members of
CalPERS and CalSTRS including state agencies,
county schools, various cities, counties and special
districts

Judges' Retirement System (JRS)

County Systems:

Counties that maintain retirement systems under the
County Employees Retirement Law of 1937:

Alameda

Contra Costa

Fresno

Imperial

Kern

Los Angeles

Marin

Mendocino

Merced

Orange

Sacramento

San Bernardino

San Diego

San Joaquin

San Mateo

Santa Barbara

Sonoma

Stanislaus

Tulare

Ventura

Public Retirement Systems with Reciprocity . . . *(continued)*

Other Systems:

City of Concord
City of Costa Mesa (safety employees only)
City of Oakland (miscellaneous employees only)
City of Sacramento
City of San Clemente (miscellaneous employees only)
City of San Diego
City and County of San Francisco
City of San Jose
Contra Costa Water District
County of San Luis Obispo
East Bay Municipal Utility District
East Bay Regional Park District (safety employees only)
Los Angeles County Metropolitan Transportation Authority (non-contract Employees' Retirement Plan, formerly Southern California Rapid Transit District)
City of Los Angeles (Los Angeles City Employees Retirement Plan)
Long Beach Schools Business Management Authority

**SamCERA does not have reciprocity agreement with universities.*

If you are moving to employment covered under one of the retirement systems listed above, you should check with your current and new retirement systems to determine if any of the following benefits or requirements will apply.

You must satisfy the following requirements to get the full benefits of reciprocity:

- ◆ You must continue membership in the first retirement plan by leaving your service credit and contributions (if any) on deposit.
- ◆ You must begin your employment with the reciprocal retirement system within 180 days of ending employment as a member of your prior system.
- ◆ You must retire from both systems at the same time (the same day) by filing a retirement application in each system respectively.

Terminated members:

Some systems allow members who have terminated their membership but are now employed under a reciprocal retirement system to redeposit contributions in order to purchase time. If you think this might apply to you, contact your new retirement system for eligibility requirements.

SamCERA does not allow members to purchase time for previous service in another system.

Movement between systems in the past:

The law specifying the maximum time period between separation under one system and employment under another has changed over the years. In addition certain restrictions may exist if you became employed under an independent retirement system before the effective date of that system's reciprocal agreement with CalPERS. Further, certain restrictions may also exist with CalSTRS. If you changed retirement systems in the past and are not sure if reciprocity applies to you, contact your current and new retirement system.



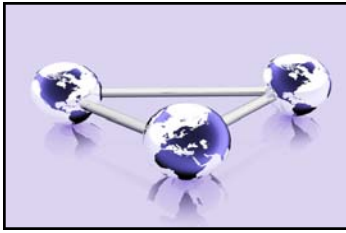
Important Restrictions

Concurrent employment.

Reciprocity does not apply when your employment under the first system overlaps your employment under the new system. For the benefits of reciprocity to apply, you must be separated under the first system prior to joining the new system. This may be true even if the overlapping time is due to running out leave credits. You should check with your current system and new system about their rules before you leave employment.

Refund restriction.

SamCERA does not allow you to withdraw your member contributions while you are employed with a reciprocal system. Upon termination, your current system must approve and complete its refund before *SamCERA* will process a withdrawal request.



Reciprocity Benefits

Member contribution rate based on age at entry.

If the system you are moving to bases your member contribution rate on your age, as a reciprocal member your contributions in the new system will be based on your age at entry under the first retirement system. Note that many systems, including CalPERS, have a fixed contribution rate regardless of age.

SamCERA Membership: SamCERA uses an entry age contribution rate. If you come to SamCERA from a reciprocal system and meet all reciprocity requirements, we will contact and verify your employment with that system to apply the entry age started with your first system. We will reimburse you any overpaid contributions you made in the first months with SamCERA while your reciprocity was pending.

Highest final compensation.

Upon your concurrent retirement, all systems will calculate your retirement using your highest rate of pay under any system. Note that some systems utilize one-year highest final compensation while others use three-year highest final Compensation.

Reciprocity Benefits . . (continued)

SamCERA Membership: For Plan 4 members, SamCERA uses the highest three years (2,080 Hours x 3 = 6,240 Hours) compensation to calculate your final average pay for your monthly retirement benefit. For Plan 1 and Plan 2 members, SamCERA uses the highest one-year (2080 Hours) compensation to calculate your final average pay for your monthly retirement benefit.

Qualification for Benefits. Service earned under both systems may be combined to meet each system's vesting and retirement eligibility requirements.

Disability Retirement. If you are eligible for disability retirement from the new system, you may be entitled to a benefit from the first system, as long as you retire from both systems on the same date. Generally, your benefit from the first system will be an amount that does not exceed the difference between what you are going to receive from the new system and what you would receive if all your service in both systems were credited under the new system.

Death Benefits. Your beneficiary may be entitled to death benefits from each retirement plan.

SamCERA Members: SamCERA does NOT provide a death benefit for retired or deferred members with reciprocity. SamCERA does provide a death benefit for current, active employees.

Establishing Reciprocity

If you become a member of a reciprocal retirement system within the 180-day timeframe required to establish reciprocity, you should indicate your desire to establish reciprocity on:

Member Enrollment form (for current system).

Disposition of Retirement Contributions form (for System you recently departed).

DISPOSITION OF RETIREMENT CONTRIBUTIONS

SamCERA



San Mateo County Employees' Retirement Association
100 Marina Parkway, Suite 111, Redwood Shore, CA 94063
Phone: (650) 359-1234 Toll Free: (800) 318-0761 Fax: (650) 359-1455
Web: www.samcera.org Email: info@samcera.org

Social Security Number: Last Name:

First Name, Middle Initial:

City, State, Zip:

GENERAL MEMBER ENROLLMENT FORM

THIS FORM MUST BE RETURNED

SamCERA
San Mateo County Employees' Retirement Association
100 Marina Parkway, Suite 111, Redwood Shore, CA 94063
Phone: (650) 359-1234 Toll Free: (800) 318-0761 PONY-RETI44
Web: www.samcera.org Email: SamCERA@SamCERA.org

PART 1 - ENROLLMENT INFORMATION

SS Number or Employee ID:	Last Name:	First and Middle Name:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Start of Current County Employment:
Department:	Work Telephone:	Payee Address:
Status: <input type="checkbox"/> I am married <input type="checkbox"/> I am not married <input type="checkbox"/> I have a domestic partner registered with the California Secretary of State. (Please attach a copy of your certificate.)	If you have worked for the County before, enter the date:	If your name has changed since your prior employment with the County, enter your former name(s):
If you have come to SamCERA from another public agency in the State of California within 6 months, enter the date you last worked for another public agency: Enter the name of your former public agency:		If you came from another California public agency within 6 months, would you like to establish Reciprocity, if you are eligible? Yes No

PART 2 - PLAN ELECTION

I acknowledge that I have been automatically enrolled in Plan 4 and will have contributions and cost share deductions taken from my salary each pay period. Upon retirement under Plan 4, I will be eligible for an annual cost-of-living increase. If I elect Plan 3, I will have no deductions taken from my salary, and upon retirement, will not be eligible for a cost-of-living increase. My SamCERA benefit will be less than Plan 4 and will be offset by Social Security benefits. I understand that I will receive a refund of my Plan 4 contributions deducted from my salary. I understand that my decision is irrevocable and I will not be eligible to switch to Plan 4 for prospective service until I have five continuous years of service credit in Plan 3. I have received SamCERA's member booklet, *Plan Three Plan 4 Guide to SamCERA's New County General Members*. I understand the differences between Plan 4 and Plan 3 and have sought the advice of SamCERA's staff if I felt the need for assistance. Please initial your selective below.

I hereby elect membership in Plan 4 _____ I hereby elect membership in Plan 3 _____

PART 3 - DESIGNATION OF BENEFICIARIES

This form may be completed and filed in SamCERA's Office to qualify a beneficiary for your death benefits.
You must complete and file a new Designation of Beneficiary form if you wish to change your beneficiary.
I hereby designate the following person(s) as my beneficiary for applicable SamCERA death benefits. Please specify if primary or contingent and include the distribution percentage for each beneficiary and name that primary and contingent beneficiaries will hold up to 10%. SamCERA will not distribute benefits to persons' (successors) without Social Security Number on This Form ID Number. See *Plan Three Plan 4 Guide to SamCERA's New County General Members* for information about primary and contingent beneficiary.

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		
Beneficiary Name	Relationship	% of Benefit	
Date of Birth	Social Security Number/ Taxpayer Identification Number		
Home/Mailing Address	Daytime Phone Number		
City	State	Zip Code	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		
Beneficiary Name	Relationship	% of Benefit	
Date of Birth	Social Security Number/ Taxpayer Identification Number		
Home/Mailing Address	Daytime Phone Number		
City	State	Zip Code	

SamCERA General Member Enrollment Form (Page 1 of 2) 4/2010

stand your rights, which are described on the attached information sheet.

I, County of San Mateo and hereby select one of the following options to cancel my membership rights and to recover my tax deferred contributions not credited to my account. I have read my rights and hereby waive any and all of the Retirement Association for retirement or disability benefits. I understand that I will not receive any benefit whatsoever from the plan on my behalf. **PLEASE NOTE: A ROTH IRA IS NOT eligible for a rollover.** portion of my distribution to:

Fid Plan:	Account Number:
City, State, Zip:	

cancel my membership rights and to receive a refund of my contributions not credited to my account. I have read my rights and hereby waive any and all of the Retirement Association for retirement or disability benefits. I understand that I will not receive any benefit whatsoever from the plan on my behalf.

if/when to deposit in the Retirement Fund. I hereby agree to submit concurrent with the same date. I understand that Reciprocity is irrevocable once it is established, except through which I will be covered under a Retirement System with

any or Other Reciprocal System: _____ Date of Employment: _____

If I am credited with FIVE or more years of service credit in SamCERA, in the Retirement Fund and to defer my retirement. I understand that I retain the upon request. I understand that I must file an Application for Retirement at the

lect to leave my contributions on deposit in the Retirement Fund even though I am in SamCERA. I understand that my contributions will continue to earn interest.

I have my contributions on deposit in the Retirement Fund, because I have or plan CRED or NONSERVICE-CONNECTED Disability Retirement.

registered with the California Secretary of State, (spouse) or domestic partnership(s) during my membership in SamCERA, a dissolution of marriage or domestic partnership pending.

Contributions are owed, to adjust my services accordingly. **Verify that all of the information on this form is true and correct.** Date: _____

Date: _____

Driver's License, Passport) to verify signatures (member & spouse/partner), spouse

*See forms in detail on following pages

Enrollment Form

GENERAL MEMBER ENROLLMENT FORM

SamCERA 

THIS FORM MUST BE RETURNED

San Mateo County Employees' Retirement Association
100 Marine Parkway, Suite 125, Redwood Shores, CA 94065
Phone: (650) 599-1234 Toll Free: (800) 339-0761 PONY: RET141
Web: www.SamCERA.org Email: SamCERA@SamCERA.org

PART 1 - ENROLLMENT INFORMATION

SS Number or Employee ID:	Last Name:	First and Middle Name:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Start of Current County Employment:
Department:	Work Telephone:	Pony Address:
Status: <input type="checkbox"/> I am married <input type="checkbox"/> I am not married <input type="checkbox"/> I have a domestic partner registered with the California Secretary of State. (Please attach a copy of your certificate.)	If you have worked for the County before, enter the dates:	If your name has changed since your prior employment with the County, enter your former name(s):
If you have come to SamCERA from another public agency in the State of California within 6 months, enter the dates you last worked for another public agency: Enter the name of your former public agency:		If you came from another California public agency within 6 months, would you like to establish Reciprocity, if you are eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2 – PLAN ELECTION

I acknowledge that I have been automatically enrolled in Plan 4 and will have contribution and cost share deductions taken from my salary each pay period. Upon retirement under Plan 4, I will be eligible for an annual cost-of-living increase.

If I elect Plan 3, I will have no deductions taken from my salary, and upon retirement, will not be eligible for a cost-of-living increase. My SamCERA benefit will be less than Plan 4 and will be offset by Social Security benefits. I understand that I will receive a refund of any Plan 4 contributions deducted from my salary. I understand that my decision is irrevocable and I will not be eligible to switch to Plan 4 for prospective service until I have five continuous years of service credit in Plan 3. I have received SamCERA's member booklet, *First Things First: A Guide to SamCERA's New County General Members*. I understand the differences between Plan 4 and Plan 3 and have sought the advice of SamCERA's staff if I felt the need for assistance. Please initial your selection below:

I hereby elect membership in Plan 4 _____ I hereby elect membership in Plan 3 _____

PART 3 - DESIGNATION OF BENEFICIARIES

This form must be completed and on file in SamCERA's Office to qualify a beneficiary for your death benefits.

You must complete and file a new Designation of Beneficiary form if you wish to change your beneficiary.

I hereby designate the following person(s) as my beneficiary for applicable SamCERA death benefits: Please specify if primary or contingent and include the distribution percentage for each beneficiary and insure that primary and contingent totals each add up to 100%. Notice: SamCERA will not distribute benefits to person(s) (entity/ies) without Social Security Number or Tax Payer ID Numbers. See *First Things First: A Guide to SamCERA's New County General Members* for information about primary and contingent beneficiary.

Primary Contingent

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer Identification Number	
Home/Mailing Address	Daytime Phone Number ()	
City	State	Zip Code

Primary Contingent

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer Identification Number	
Home/Mailing Address	Daytime Phone Number ()	
City	State	Zip Code

Disposition of Retirement Contributions Form

DISPOSITION OF RETIREMENT CONTRIBUTIONS

SamCERA



San Mateo County Employees' Retirement Association
100 Marine Parkway, Suite 125, Redwood Shores, CA 94065
Phone: (650) 599-1234 Toll Free: (800) 339-0761 Fax: (650) 591-1488
Web: www.samcera.org Email: samcera@samcera.org

Social Security Number:	Last Name:	First Name, Middle Initial:
Telephone Number:	Mailing Address:	City, State, Zip:

Before you fill out this form be sure you understand your rights, which are described on the attached information sheet. I have terminated my employment with the County of San Mateo and hereby select one of the following options:

- WITHDRAWAL / ROLLOVER:** I elect to cancel my membership rights and to rollover my tax deferred contributions on deposit in the Retirement Fund and any interest credited to my account. I have read my rights and hereby waive any and all claims that I might have against the County or the Retirement Association for retirement or disability benefits. I understand that my decision to withdraw my contributions means that I will not receive any benefit whatsoever from the contributions which the County made on my behalf. **PLEASE NOTE: A ROTH IRA is NOT eligible for a rollover.**

I request distribution of the tax-deferred portion of my distribution to:

Name of Institution or Legal Name of Qualified Plan:	Account Number:
Mailing Address:	City, State, Zip:

- WITHDRAWAL / REFUND:** I elect to cancel my membership rights and to receive a refund of my contributions on deposit in the Retirement Fund and any interest credited to my account. I have read my rights and hereby waive any and all claims that I might have against the County or Retirement Association for retirement or disability benefits. I understand that my decision to withdraw my contributions means that I will not receive any benefit whatsoever from the contributions which the County made on my behalf.
- RECIPROCITY:** I elect to leave my contributions on deposit in the Retirement Fund. I hereby agree to submit concurrent applications for RECIPROCAL retirements on the same date. I understand that Reciprocity is irrevocable once it is established. I have accepted or intend to accept employment, through which I will be covered under a Retirement System with Reciprocity.

My new employer is:

Name of County, PERS Covered Public Agency or Other Reciprocal System:	Date of Employment:
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- DEFERRED RETIREMENT:** I certify that I am credited with FIVE or more years of service credit in SamCERA. I elect to leave my contributions on deposit in the Retirement Fund and to defer my retirement. I understand that I retain the right to elect to withdraw my contributions upon request. I understand that I must file an Application for Retirement at the appropriate time.
- LEAVE MY FUNDS ON DEPOSIT:** I elect to leave my contributions on deposit in the Retirement Fund even though I am not vested with five-years of service credit in SamCERA. I understand that my contributions will continue to earn interest.
- DISABILITY RETIREMENT:** I elect to leave my contributions on deposit in the Retirement Fund, because I have or plan to file an Application for SERVICE-CONNECTED or NONSERVICE-CONNECTED Disability Retirement.

MARITAL STATUS: **(Must be completed)**

Check all that apply

- I am married.
 I am not married.
 I have a domestic partner registered with the California Secretary of State.
 I had ___ dissolution of marriage(s) or domestic partnership(s) during my membership in SamCERA.
 I am legally separated or have a dissolution of marriage or domestic partnership pending.

I authorize SamCERA, in the event that contributions are owed, to adjust my service accordingly.

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

Signature of Member:	Date:
Signature of Spouse or Domestic Partner:	Date:

Must attach copy of valid government photo ID (Driver's License, Passport) to verify signatures (member & spouse/partner).

SamCERA Disposition of Retirement Contributions Form 12/30/2009



Retiring Under Reciprocity

Applying to Retire

When you are ready to retire and you have reciprocity, you must apply to retire at all reciprocal agencies and your date of retirement must be the same day for all reciprocal systems. Each system has its own retirement application procedures, so you must contact each system separately to find out its retirement procedures.

Deferring Retirement

When you leave SamCERA-covered employment but are not ready to retire, you can defer your retirement. You must indicate upon your termination with San Mateo County that you wish to defer your retirement -- whether or not you are moving to another public agency with reciprocity. You must submit a "Disposition of Retirement Contributions" form and elect to Defer Retirement. SamCERA will maintain your account (with interest) until you apply to retire.

DEFERRED RETIREMENT: I certify that I am credited with FIVE or more years of service credit in SamCERA. I elect to leave my contributions on deposit in the Retirement Fund and to defer my retirement. I understand that I retain the right to elect to withdraw my contributions upon request. I understand that I must file an Application for Retirement at the appropriate time.

SamCERA *San Mateo County Employees'*
Retirement Association

100 Marine Parkway, Suite 125

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Phone 650-599-1234 or Toll Free 1-800-339-0761

Website: www.samcera.org

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