SamCERA

San Mateo County Employees' Retirement Association 100 Marine Parkway, Suite 125 | Redwood City, CA 94065 Phone: (650) 599-1234 | Toll-Free: (800) 339-0761 Fax: (650) 591-1488 | PONY: RET 141 Web: www.samcera.org | Email: samcera@samcera.org

Notice

SamCERA retirees cannot serve, be employed by, or be employed through a contract directly by any SamCERA employer without reinstatement from retirement, except as permitted by state law and Board of Retirement regulations. The information provided in response to Part A will determine the retiree's eligibility to provide services as an extra help employee or contractor. This form does not apply to retirees who wish to "unretire" and be reinstated as an active member. This certification should be completed and filed prior to the first date of post-retirement employment. Contact SamCERA if there are any questions.

Retiree Information

Last Name				First	Name	Middle Initial	Last 4 Digits of SSN
Date of Retirement		Year	Expected Date of Reemployment Month Day Year			 Expected Brea	ak
					201	in Service	
						calendar days b	Break in Service is the number of between the Date of Retirement an vate of Reemployment.

Part A: Break in Service Information (to be completed by retiree)

Did you or will you receive any unemployment insurance compensation within the 12 months prior to the expected date 1. of reemployment?

□ Yes (STOP – you are not eligible for this kind of reemployment at this time; notify hiring department) \Box No (continue to question 2)

- 2. Is your Expected Break in Service at least 180 days?
 - □ Yes (go directly to **Part B**)

 \Box No (continue to question 3)

3. If you answered 'No' to question 2, were you given any retirement incentive (e.g., a "golden handshake" such as an additional year of service) upon retirement?

□ Yes (STOP – you are <u>not eligible</u> for this kind of reemployment at this time; notify hiring department) \Box No (continue to question 4)

- 4. Were you 60 years of age or older on your Date of Retirement?
 - □ Yes (go directly to **Part B**)

 \Box No (continue to question 5)

- 5. If you answered 'No' to question 4, is your Expected Break in Service at least 90 days?
 - □ Yes (go directly to **Part B**)
 - □ No (go directly to **Part B**)

Part B: Terms of Post-Retirement Service (to be signed by retiree)

Limit of 960 hours of employment per fiscal year. Post-retirement employment shall not exceed a total 960 hours each fiscal year for all service to any SamCERA employers.

Limits on hourly rate of pay. The rate of pay for the employment shall not be less than the minimum hourly rate nor greater than the maximum hourly rate as set forth on a published pay schedule for other employees performing comparable duties.

No service credit or other retirement benefits. The employee will not acquire any service credit or retirement benefits under such reemployment without reinstatement to active service and suspension of retirement benefits.

I certify that my answers to the questions in Part A are true and correct to the best of my knowledge. I also understand that my reemployment must be in compliance with the Terms of Post-Retirement Service.

Retiree Signature	Date

After you have signed above, return this form to your prospective employer.

Part C: Determination of Eligibility (to be completed and signed by employer)

Name of SamCERA employer:

County of San Mateo

□ Superior Court of San Mateo

□ Mosquito and Vector Control District

1. Did the retiree answer 'Yes' to question 2 in Part A?

 \Box Yes (retiree is eligible for reemployment; check 'Yes' on the **Determination of Eligibility** below) \Box No (continue to question 2)

2. Did the retiree answer 'Yes' to either question 1 or 3 in Part A?

□ Yes (retiree is <u>not eligible</u> for this kind of reemployment at this time; check 'No' on the **Determination of Eligibility** below)
□ No (continue to question 3)

3. Did the retiree answer 'Yes' to either question 4 or 5 in Part A above? If not, continue to question 4. If so:

Is the employment appointment necessary to fill a critically needed position before the 180-day break, <u>and</u> has the appointment been approved by the governing body of the employer in a public meeting (not on a consent agenda)?

□ Yes (retiree is eligible for reemployment; check 'Yes' on the Determination of Eligibility below)

□ No (retiree is <u>not eligible</u> for this kind of reemployment at this time; check 'No' on the **Determination of Eligibility** below)

4. Did the retiree answer 'No' to 5 in Part A? If so:

Is the reemployment due to an emergency declared by a government agency or an emergency that may prevent the continuation of public business?

□ Yes (retiree is eligible for reemployment; check 'Yes' on the **Determination of Eligibility** below)

□ No (retiree is <u>not eligible</u> for this kind of reemployment at this time; check 'No' on the **Determination of Eligibility** below)

Determination of Eligibility: Based on the information provided by the retiree, the retiree is eligible for post-retirement employment on or after the Expected Date of Reemployment indicated on the front of this form.

 $\hfill\square$ Yes, the retiree is eligible for reemployment

 \Box No, the retiree is <u>not eligible</u> for this kind of reemployment at this time

I further understand that reemployment must be in compliance with the Terms of Post-Retirement Service listed in Part B.

Employer Representative Signature	Date
Employer Representative Name and Title (please print)	Phone

Employer: Send a copy of this completed certification to samcera@samcera.org, and save the original for your records.