

Election to Transfer to Contributory Plan Form
 For Employees Currently in a Non-Contributory Plan (Plan 3)

Address: 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



Member Information

Last Name		First Name		Middle Initial	
Last 4 Digits of SSN	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other			Email Address	
Address			City	State	Zip

Acknowledgment and Authorization

In order to be eligible for a plan transfer, I understand that:

- I must meet the minimum requirement of 10,400 hours of SamCERA service credit.
- I will have to pay contributions to SamCERA which will be in the form of pre-tax deductions taken from my salary each pay period based on my current age. These contributions may include any applicable cost share or Cost of Living Adjustment (COLA) share.
- The contributory plan that I am eligible to transfer into will depend on my date of hire. If I was hired before July 13, 1997, I may transfer into Plan 2. If I was hired on or after July 13, 1997, and before August 7, 2011, I may transfer into Plan 4. If I was hired on or after August 7, 2011, I may transfer into Plan 5.

I understand that my transfer will be for future service credit only. If I was hired before August 7, 2011, I am eligible to upgrade my non-contributory plan service credit. If I was hired on or after August 7, 2011, I will not be eligible to upgrade my non-contributory plan service credit while I am in Plan 5; I must first transfer to Plan 4 before I can upgrade my non-contributory time (contact SamCERA for information on transfers from Plan 5 to Plan 4).

I have had the opportunity to review and understand the differences in the costs and benefits associated with both plans.

I hereby elect to transfer from SamCERA's non-contributory plan to SamCERA's contributory plan.

I acknowledge that this decision is irrevocable.

Member Signature (<i>print this form and sign</i>)	Date
--	------

Please keep a copy of this form for your records and return the original to SamCERA.