

**PUBLIC EMPLOYEES' PENSION REFORM ACT (PEPRA)  
MEMBERSHIP VERIFICATION FORM**



**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](http://www.samcera.org)  
**Email:** [samcera@samcera.org](mailto:samcera@samcera.org)

EMPLOYER: This form must be completed only by all new regular employees - Not Extra-Help/Limited Term. Email the completed form to [samcera@samcera.org](mailto:samcera@samcera.org) immediately. SamCERA needs to process the form before the end of the employee's first pay period.

**Member Information**

Last Name	First Name	Middle Initial	Last 4 Digits of SSN
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To place you in the correct retirement plan and deduct the correct amount of retirement contributions from your paycheck, please complete this form and **return it to your payroll clerk immediately.**

**Based on your answers, you may be transferred into a different retirement plan and you may owe additional contributions. If the information cannot be verified, you may be transferred again to the appropriate plan.**

**Past Employment Information**

- Prior to your current employment, were you ever an employee for the County of San Mateo, the Superior Court of the County of San Mateo, or the San Mateo County Mosquito and Vector Control District?

Yes  No

If yes, check the applicable box(es):

Regular Employee  Extra-Help/Limited Term Employee

- Prior to your current employment, were you employed by another public employer in California? (e.g. City, County, School District, State) Yes  No

If yes, answer the following questions:

- What is the name of that employer? \_\_\_\_\_
- Are/were you a member of its retirement system? (e.g. CalPERS, ACERA, STRS, etc.)  
Yes  No  *If no, skip all questions below.*
- Did your membership start on or before December 31, 2012?  
Yes  No
- Did you withdraw your contributions from that retirement system?  
Yes  No
- Are you currently a retiree of that retirement system?  
Yes  No
- What was the last date of your employment? Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Certification & Signature**

I hereby certify that my responses to the questions above are true and correct and any information which cannot be verified or which is found to be incorrect may require corrections to my SamCERA account including, but not limited to: (1) the retirement plan in which I am enrolled; (2) the amount of contributions I must pay; (3) my qualifying service time; and (4) my date of membership.

Signature ( <i>print this form and sign</i> )	Date
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SamCERA will send an email instructing you to set up an online account at [MySamCERA.org](http://MySamCERA.org) to access your plan guide and to download important member forms for your prompt completion and uploading.