SamCERA

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

MUST BE COMPLETED BY ALL NEW REGULAR SMCMVCD EMPLOYEES

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

Last Name		First Name	Middle Initial	Last 4 Digits of SSN
In orde	r to place you in the corre	ect retirement henefit nlan	and to deduct th	e correct amount of
In order to place you in the correct retirement benefit plan and to deduct the correct amount of retirement contributions from your paycheck, please answer the following questions to the best of your knowledge and return this form to your employer.				
Based upon the information contained in your responses, SamCERA will determine your initial retirement plan placement. If the information cannot be verified by SamCERA, you may be transferred into a different retirement plan and you may owe arrears contributions.				
1.	Prior to your new regular employment with the San Mateo County Mosquito and Vector Control District (SMCMVCD), were you ever a regular employee of the SMCMVCD, the County of San Mateo, or the Superior Court of the County of San Mateo? Yes \square No \square			
2.	Are you currently or were you ever an employee of another public agency in the State of California? (e.g. City of Millbrae, Sequoia Union High School District, State of California) Yes \Box (If Yes, continue to question 3) No \Box (If No, STOP and sign below)			
3.	If you are/were employed by another public agency, answer the following questions for the most recent public agency that you are /were employed by.			
		What is the name of that agency? Were you an employee of that agency on or before December 31, 2012? Yes \square No \square		
	c. What was the last date of your employment with that agency? Day Month Year [If you don't remember the exact date, complete as many of the blanks as you can.]			
	 d. Are/were you a member of that agency's retirement system? Yes □ No □ Don't Know/Not Sure □ 			?
	e. If your answer to "d" is Yes, did you withdraw your contributions from that retirement system? Yes □ No □ Don't Know/Not Sure □			
	f. If your answer to "d" is Yes, are you currently a retiree of that retirement system? Yes \square No \square			
Employ	ee Signature			Date

EMPLOYER: Send the completed form to SamCERA. It's important to return this form to SamCERA immediately. SamCERA needs to process the form before the end of the employee's first pay period. Send to samcera@samcera.org.