

## RECIPROCITY REQUEST FORM

*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  
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### **SPECIAL NOTICE FOR MEMBERS WHO COMMENCED EMPLOYMENT ON OR AFTER JANUARY 1, 2013**

- If you have been initially placed in either **Plan 5** or **Plan 6** and you wish to remain in that plan, SamCERA must verify your eligibility. The most convenient way to do this is for you to complete, sign and return this form to SamCERA no later than 30 days from your date of hire. If reciprocity is established you will remain in Plan 5 or 6. If you do not establish reciprocity or contact SamCERA within 30 days to verify your eligibility for Plan 5 or 6, you will be transferred into **Plan 7**.
- Although you may qualify for Plan 5 or 6 without establishing reciprocity, establishing reciprocity may result in a lower contribution cost for you because SamCERA will calculate your contribution based on your age of entry to the reciprocal system.
- If you have been initially placed in **Plan 7** or transferred into **Plan 7** and wish to be placed in **Plan 5** or **6**, you must elect and establish reciprocity or otherwise establish your eligibility for those plans. You will remain in Plan 7 unless you elect and establish reciprocity or otherwise verify your eligibility for Plan 5 or 6.
- If you do not establish reciprocity now, but decide to do so at a later date, you will be required to pay any arrears contributions and interest required by any applicable plan transfer.

**Eligibility for Reciprocity:** You may be eligible for reciprocity if you (1) worked for another California public employer and (2) were a member of one of the retirement systems listed below, and (3) have less than a six month gap in services between that membership and your SamCERA membership, and (4) left your funds on deposit (or redeposited your funds) with your prior retirement system. (*Contact SamCERA to verify if a retirement system not listed below is reciprocal with SamCERA.*)

- CalPERS (California Public Employees' Retirement System)
- STRS (State Teachers' Retirement System)
- CERL Counties (County Employees Retirement Law)
- City and County of San Francisco Retirement System
- City of San Jose Retirement System

**Rights and Responsibilities:** If you become a reciprocal member, you will have the following rights and obligations:

- For all plans other than Plan 7, your SamCERA contribution rate will be based on the nearest age you were when you became a member in the first reciprocal retirement system.
- The service credit you earn under each system may be used to meet each system's vesting and retirement eligibility requirements.
- If you retire from service, become disabled, or die, your highest earnings under any of these systems will be used to determine the benefits payable by all systems. (*Note: In certain disability cases you may only be entitled to an annuity based on your contributions.*)
- You must leave your contributions, plus interest, on deposit with the reciprocal system while you are an active member of SamCERA.
- You must retire concurrently from all systems.
- If your first day of employment is on or after January 1, 2013, you worked for a reciprocal system prior to January 1, 2013, and you meet other eligibility requirements, you will be placed in Plan 5 or Plan 6, which provide a higher pension benefit than the benefit paid under Plan 7. The plans have different costs associated with them, so contact SamCERA for more information.

## Member Information

Last Name		First Name		Middle Initial
Social Security #	Employee ID	Daytime Phone	Evening Phone	
Address		City	State	Zip

I worked for the following California public agency, had less than a six-month gap in service between that employment and my SamCERA membership, and left my funds on deposit (or redeposited my funds) with that employer's retirement system.

Name of Public Agency
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## Reciprocity Election

**I acknowledge and understand that:**

**I have received SamCERA's member booklet, "First Things First: Your Guide to SamCERA Retirement Benefits",** which generally describes the rights and responsibilities of reciprocity. I understand that I may request additional information from SamCERA about reciprocity and the differences in the costs and benefits of the plans available to me if I establish reciprocity.

**Upon completing and signing this form,** my decision to establish reciprocity is final and irrevocable. I understand that once I have elected reciprocity, I cannot revoke my decision and I cannot withdraw my funds from my reciprocal retirement system.

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

**Return this form to SamCERA at the address on the front page.**