



RECIPROCAL SELF-CERTIFICATION FORM

Complete the following information and return this form to your Personnel Office **within 10 business days**

Employee Name	(Last)	(First)	(Middle)
Date of Birth:		CalPERS ID:	

Check the applicable statement:

_____ I have not been a member of a qualifying Public Retirement System in California.

_____ I have prior membership under another Public Retirement System in California. *(Complete the box below with verified dates including month, date, and year. If you are unsure of the dates, please contact the Public Retirement System to confirm information prior to completing form.)*

Name of Most Recent Reciprocal System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date: / /
Name of Prior Reciprocal System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date: / /
Name of Prior Reciprocal System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date: / /

**Please provide dates, if applicable. Not all sections may be applicable for each Reciprocal System.*

I understand that by accepting employment in a qualified retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form does not constitute a request to establish reciprocity.

I hereby certify that the foregoing information has been verified as true and correct and any information found to be incorrect may require corrections to my account in the California Public Employees' Retirement System including, but not limited to, my retirement enrollment level. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER ONLY:

Name of CalPERS Agency:	CalPERS Business Partner ID:	Employee's CalPERS Original Hire Date:
Designee of Employer: (Print Name)	(Title)	Employee's CalPERS Membership Eligibility Date:
Designee's Signature:		(Date)

The employer must retain this form in the employee's file for auditing purposes.