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Reciprocal Self-Certification Form

Complete the following information and return this form to your employer within 10 business days to determine your eligibility for benefits in CalPERS. To ensure this form is completed correctly, please reference the enclosed *List of Qualifying Reciprocal Retirement Systems in California*.

Section 1: Member Information

Member Name (Last)	(First)	(Middle)
Date of Birth	CalPERS ID	Enrollment Date with this Employer

Are you a member of CalPERS with funds on deposit?
Question Yes
Question No
Control No

Are you a member of the defined benefit plan of one of the retirement systems listed on the attached *List of Qualifying Reciprocal Retirement Systems in California*? Yes No If yes, complete Section 2 with membership information for each qualifying reciprocal retirement system. Do not provide CalPERS data on this form. If no, skip to Section 3.

Section 2: Qualifying Reciprocal Membership Information

Data must be validated with reciprocal system prior to completion. Failure to validate information may result in enrollment errors. Refer to the *List of Qualifying Reciprocal Retirement Systems in California*. Only include details on this form if you are a member under the retirement systems listed and not CalPERS-covered.

1) Full name of most recent reciprocal retirement system (do not provide an acronym):

Membership date in most recent reciprocal system (MM/DD/YYYY):

Are you currently active with this reciprocal system?
Yes
No, provide separation date (or last activity date if a member of CaISTRS (MM/DD/YYYY):

Did you receive a refund from this reciprocal system? Do Ves, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system?
No

Yes, provide retirement date (MM/DD/YYYY):

Note: If you have additional reciprocal membership, provide the details below for reciprocal system #2. If you do not, skip to Section 3.

2) Full name of reciprocal retirement system (do not provide an acronym):

Membership date (MM/DD/YYYY):

Are you currently active with this reciprocal system?
Yes
No, provide separation date (or last activity date if a member of CaISTRS (MM/DD/YYYY):

Did you refund from this reciprocal system?
D No D Yes, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system?
No

Yes, provide retirement date (MM/DD/YYYY):

Note: If you have additional reciprocal membership, attach a second form. If you do not, skip to Section 3.

Section 3: Sign and Certify

I understand that I am subject to the applicable laws and regulations of each system where I have membership. I also understand that completing this form will only determine my enrollment eligibility in CaIPERS. It is not a request to establish reciprocity.

I certify that the information on this form has been verified with the qualifying reciprocal retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level or formula and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Member Signature

Only provide membership information on the *Reciprocal Self-Certification* form for membership in the defined benefit plan of the following systems. CalPERS data should **not** be included on the form.

Name of Reciprocal Retirement System	Qualifications:
Alameda County Employees' Retirement Association	
City and County of San Francisco Employees' Retirement Syste	em *
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Delano Retirement System*	
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association	
Imperial County Employees' Retirement Association	
Judges Retirement System II	
Kern County Employees' Retirement System	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association	
Los Angeles County Metropolitan Transportation Authority*	Non-contract Employees' Retirement Income Plan, formerly
Les Augeles County Metropolitan Pranopolitation Automy	Southern California Rapid Transit District
Marin County Employees' Retirement Association	
Mendocino County Employees' Retirement Association	
Merced County Employees' Retirement Association	
Oakland Municipal Employees' Retirement System (City of Oakland)*	Non-safety (miscellaneous) only
Orange County Employees' Retirement System	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association	
San Joaquin County Employees' Retirement Association	
San Jose City Employees' Retirement Systems	Safety and miscellaneous
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association	
Santa Barbara County Employees' Retirement System	
Sonoma County Employees' Retirement Association	
Stanislaus County Employees' Retirement Association	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association *CalPERS-covered agency – *Only include details on this form if you were a me	ember under the reciprocal retirement systems listed and not CalPERS-

*CalPERS-covered agency – *Only include details on this form if you were a member under the reciprocal retirement systems listed and not CalPERScovered

CalPERS Privacy Notice

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

- 1. Social Security numbers are used for the following purposes:
- 2. Enrollee identification
- 3. Payroll deduction/state contributions
- 4. Billing of contracting agencies for employee/employer contributions
- 5. Reports to CalPERS and other state agencies
- 6. Coordination of benefits among carriers
- 7. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CaIPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer 400 Q Street Sacramento, CA 95811

You may also call us at 888 CalPERS (or 888-225-7377).