



MEMBER ENROLLMENT FORM

PLEASE PRINT OR TYPE

COPY OF CERTIFIED BIRTH CERTIFICATE IS REQUIRED WITH THIS DOCUMENT

Employee ID No. _____

Section 1: Personal Information - To be completed by Member

Name _____ Social Security Number _____

Mailing Address _____ City _____ State _____ ZIP _____

Date of Birth _____ Place of Birth _____ Male Female

Marital Status: Single (Never married) Married RDP Divorced Legally Separated Widowed

Work Phone# _____ Home Phone# _____ Cell Phone# _____

Section 2: Reciprocity - To be completed by Member

Have you ever been employed full time by a StanCERA participating employer? Yes No
(Participating Employers: Stanislaus County, City of Ceres, Superior Court, StanCOG, Keyes CSD, East Side Mosquito Abatement, Salida Sanitary District and Hills Ferry Cemetery)

If yes, under what name: _____ Dates of Employment: _____

Have you been employed full time by a California Governmental Entity (City, County, State or Special District) in the last six months? No (If no, proceed to Section 3) Yes (If Yes, complete the following)

Is your membership date with your previous retirement system before January 1, 2013? Yes No

Provide name of previous Employer: _____

Provide name of previous Retirement System: _____

Do you have contributions on deposit with previous system(s)? Yes No

Have you retired from your previous system? Yes No

If Non-Retired, do you want StanCERA to establish reciprocity with your previous system? Yes No

Section 3: Employment Information - To be completed by Clerk

Date of Hire _____ Position _____

Employer: Stanislaus County City of Ceres Superior Court _____ District

Department _____ Hourly Wage _____

Section 4: Signatures - To be completed by Clerk and Member

STATE OF CALIFORNIA }
COUNTY OF STANISLAUS } SS

Subscribed and sworn to before me
This _____ day of _____, 20 _____

Signed _____

Title _____
(To be signed by Dept HR/Payroll Clerk)

The undersigned being duly sworn deposes and says that the foregoing statements are true and correct to the best of his/her knowledge and belief.

The undersigned being duly sworn deposes and says that the foregoing statements are true and correct to the best of his/her knowledge and belief.

Signed _____

This _____ day of _____, 20 _____
(To be signed by Member)

ATTENTION HR/PAYROLL CLERKS
Please scan/e-mail or fax Member Enrollment form directly to StanCERA upon completion
(See Page 2 for Instructions)

Name _____	Social Security # _____ - _____ - _____	Date of Birth ____/____/____
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HR/PAYROLL CLERK INSTRUCTIONS

Tier determination for REHired and RECIPROCAL ELIGIBLE members must be made in a timely manner to prevent future adjustments by Payroll and StanCERA.

Please scan and e-mail or fax MEMBER ENROLLMENT FORM to StanCERA upon completion by the Member and HR/Payroll clerk.

Original forms are to be routed to the CEO's office as usual.

Scan/E-mail to: retirement@stancera.org

or

Fax to: **209-558-4976** (no cover sheet necessary)

TO BE COMPLETED BY STANCERA STAFF:		Employee ID No.: _____																									
<input type="checkbox"/> GENERAL <input type="checkbox"/> SAFETY Age of Entry (AOE): _____ Tier: _____ First Pay Date: _____	_____/_____/_____ Welcome Letter & Plan Summary Mailed: <i>Brochures/Forms Enclosed:</i> <input type="checkbox"/> PRIOR REFUND OR SVC (FT/PT) BUYBACK <input type="checkbox"/> ALTERNATE WORK SCHEDULE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Contribution Rates: Tier</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">5</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><small>(Circle One)</small></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Basic</td> <td style="text-align: center;">COL</td> <td colspan="2" style="text-align: center;">COL% of Basic</td> </tr> <tr> <td>First 161.54 Biweekly</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td colspan="2"></td> </tr> <tr> <td>Excess</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td colspan="2"></td> </tr> </table>	Contribution Rates: Tier	1	2	4	5			<small>(Circle One)</small>				Basic	COL	COL% of Basic		First 161.54 Biweekly	_____	_____			Excess	_____	_____		
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Excess	_____	_____																									
<input type="checkbox"/> Proof of Birth <input type="checkbox"/> 415 Form <input type="checkbox"/> Beneficiary Form _____ <small>(Document Type)</small>	Contribution Rate: Tier 6 Flat Rate _____%																										
Reciprocity Evaluator: _____ Reciprocity Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No Counseling Completed: ____/____/____ N/A <input type="checkbox"/> Reciprocity Established: <input type="checkbox"/> Reciprocity Denied: <input type="checkbox"/> Reciprocity Letters Mailed: ____/____/____ <small>(Member and Reciprocal System)</small>	Comments:																										