



MEMBER ENROLLMENT FORM

EMPLOYEE ID: _____

Type or print in ink.

COPY OF CERTIFIED BIRTH & MARRIAGE/REGISTERED DOMESTIC PARTNER (IF APPLICABLE) CERTIFICATES MUST BE SUBMITTED

SECTION 1: TO BE COMPLETED BY MEMBER (EMPLOYEE)

Form with fields for: FIRST NAME, MI, LAST NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, MAILING ADDRESS, CITY, STATE, ZIP CODE, HOME ADDRESS, HOME PHONE, CELL PHONE, EMAIL ADDRESS, MARITAL STATUS, GENDER, PLACE OF BIRTH.

SECTION 2: RECIPROCITY – TO BE COMPLETED BY MEMBER (EMPLOYEE)

Have you ever been employed full-time by a StanCERA Participating employer? [] Yes [] No
[] City of Ceres [] East Side Mosquito Abatement District [] Hills Ferry Cemetery District [] Keyes Community Services District
[] Salida Sanitary District [] Stanislaus Council of Governments [] Stanislaus County [] Superior Court

Name used: _____ Dates: _____

Have you been employed by a California Governmental entity within last six months? [] Yes [] No

Was previous membership prior to January 1, 2013? [] Yes [] No

Previous Employer: _____ Retirement System: _____

Are contributions on deposit with previous system? [] Yes [] No

Are you retired from previous system? [] Yes [] No

If not retired, do you want to establish reciprocity with previous system? [] Yes [] No

SECTION 3: EMPLOYMENT INFORMATION – TO BE COMPLETED BY PAYROLL CLERK

[] City of Ceres [] East Side Mosquito Abatement District [] Hills Ferry Cemetery District [] Keyes Community Services District
[] Salida Sanitary District [] Stanislaus Council of Governments [] Stanislaus County [] Superior Court

Department: _____ Position: _____ Hourly Wage: _____ Hire Date: _____

SECTION 4: TO BE SIGNED BY PAYROLL CLERK

STATE OF CALIFORNIA)
) ss.
COUNTY OF STANISLAUS)
Subscribed and sworn to before me
This _____ day of _____, 20____
Signed: _____
Title: _____

SECTION 4: TO BE SIGNED BY MEMBER

The Bylaws of the Stanislaus County Employees' Retirement Association requires proof of birth and marriage/registered domestic partnership, if applicable, be filed within ninety (90) days of entry. Failure to do so may result in rate of contribution being increased to maximum until proof of birth is filed.
The undersigned being duly sworn deposes and says that the foregoing statements are true and correct to the best of their knowledge and belief.
Signed: _____
This _____ day of _____, 20____

SEE PAGE TWO FOR INSTRUCTIONS:



FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

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.
- Email or fax Member Enrollment Form to StanCERA upon completion by Member and HR/Payroll Clerk.
- Original forms are routed to CEO's Office.
- Email: retirement@stancera.org
- Fax: (209) 558-4976

FOR STANCERA USE:

Employee ID: _____ Proof of Birth Document Type: _____

General Safety First Pay Date: _____ Age of Entry: _____ Tier: _____

Proof of Marriage _____

Contribution Rates: Tier 1 Tier 2 Tier 4 Tier 5

First 161.54 Biweekly Basic _____ COL _____ COL % of Basic _____

Excess Basic _____ COL _____

Tier 6

Flat Rate: _____ %

Reciprocity Eligible: Yes No Reciprocity Counseling: Yes No N/A

Reciprocity Established: Yes No Reciprocity Letters Mailed: Member System

Welcome Letter Plan Summary 415 Form Beneficiary Form

Prior Refund or Service (FT/PT) Buyback Alternate Work Schedule