



**STANISLAUS COUNTY
EMPLOYEES' RETIREMENT ASSOCIATION**
832 12TH Street, Suite 600
Modesto, CA 95354
P.O. Box 3150 Modesto, CA 95353-3150

Phone (209) 525-6393
Fax (209) 558-4976
www.stancera.org
e-mail: retirement@stancera.org

MEMBER ENROLLMENT FORM

Complete and return to StanCERA Office within 5 days of hire
PLEASE PRINT OR TYPE

Section 1 to be completed by Member

Name _____ Employee ID Number _____
Social Security Number _____
Mailing Address _____
City _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____ Sex _____ Martial Status _____
Work Phone# _____ Home Phone# _____ Message Phone# _____

Section 2 to be completed by Member

Have you been employed full time by a California Governmental Entity (City, County and State) in the last six months? Yes No

If yes, provide name and address of Employer: _____

Please provide name of prior Retirement System: _____

Do you want to establish reciprocity? Yes No

Have you ever been employed full time by Stanislaus County, the City of Ceres or other StanCERA District? Yes No

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

Section 3 to be completed by HR Clerk

Date of Hire _____ Position _____
Employer: Stanislaus County City of Ceres Superior Court _____ District
Department Number _____ Hourly Average Compensation _____
Department _____ Age at Entrance _____

Section 4 to be completed by HR Clerk and Member

STATE OF CALIFORNIA }
COUNTY OF STANISLAUS } SS

Subscribed and sworn to before me

This _____ day of _____, 20_____

Signed _____

Title _____

To be completed by HR 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.

Signed _____

This _____ day of _____, 20_____

To be completed by Member

IMPORTANT NOTE: BIRTH CERTIFICATE IS REQUIRED WITH THIS DOCUMENT

The By-Laws of the Stanislaus County Employees' Retirement Association require that you shall file proof of birth with the Retirement Association within 90 days of entry. Failure to do so will result in your rate of contribution being increased to the maximum until such time as proof of birth is filed.

To be completed by StanCERA staff:

Classification: General _____ Safety _____

Birth Certificate 415 Form Beneficiary Form

New Member
Welcome Letter
Sent:

____/____/____

Rates at Entrance / First Pay Date:

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