



STANISLAUS COUNTY EMPLOYEES'
RETIREMENT ASSOCIATION
832 12TH Street, Suite 600, Modesto, CA 95354
P O BOX 3150, Modesto, CA 95353-3150
(209) 525-6393 (209) 558-4976 (fax)

TERMINATION OF EMPLOYMENT
NOTICE TO RETIREMENT BOARD

Employee Name: _____

On _____, I terminated employment with _____
(Date) (Employer/Department)

MY CURRENT STATUS IS:

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TERMINATED FULL TIME – SEVERED ALL EMPLOYMENT WITH EMPLOYER

I have terminated my full time employment status and completely severed all employment with Stanislaus County or a participating district. Please choose option below, sign and return form to StanCERA.

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**TERMINATED FULL TIME EMPLOYMENT CONVERTED TO PART TIME - NON-VESTED MEMBER
(LESS THAN 5 YEARS OF TOTAL SERVICE CREDIT)**

I have terminated my full time employment status and have been rehired as a part time employee. I understand that as a non-vested member I cannot withdraw my contributions until I completely sever all employment with Stanislaus County or a participating district. *Do not choose any other option at this time.* Please sign and return form to StanCERA.

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**TERMINATED FULL TIME EMPLOYMENT CONVERTED TO PART TIME - VESTED MEMBER
(MINIMUM 5 YEARS OF TOTAL SERVICE CREDIT)**

I terminated my full time employment status and was rehired as a part time employee. I understand that as a vested member I cannot withdraw my contributions until I completely sever all employment with Stanislaus County or a participating district, however, I do have the option of electing Deferred Retirement. Please complete Defer Retirement section below, sign and return form to StanCERA.

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**TERMINATED PART TIME EMPLOYMENT WITH PRIOR FULL TIME CREDIT – SEVERED ALL
EMPLOYMENT WITH EMPLOYER**

I terminated my full time employment status and was rehired as a part time employee making me ineligible to withdraw my contributions. I have now terminated my part time employment status and have completely severed all employment with Stanislaus County or a participating district. Please choose option below, sign and return form to StanCERA.

MY CURRENT OPTIONS ARE:

Following my termination of employment with Stanislaus County or a participating district, please treat any and all benefits that I hold in the Stanislaus County Employees' Retirement Association ("StanCERA") as indicated below.

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REFUND OF CONTRIBUTIONS

I want a refund of my retirement contributions (and any interest thereon) from StanCERA. Please send all required forms to me at the address listed below. I understand that I may be foregoing any benefit that I may be entitled to in the future.

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DEFER REFUND OF CONTRIBUTIONS (Non-Vested Member)

I wish to leave my funds on deposit with StanCERA. I understand that I may always request a refund of my retirement contributions (and any interest thereon) by requesting and completing the required forms at a later date.

OPTIONS CONTINUED ON REVERSE SIDE OF FORM



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MY CURRENT OPTIONS ARE: - Continued

☐ **DEFER RETIREMENT**

I wish to leave my funds on deposit with StanCERA. I believe that I will be eligible to receive monthly retirement benefits at a later date for the reason indicated below.

- ☐ I am a Tier 1, 2, 4 or 5 member with 5+ years of public service **OR** a Tier 3 member with 10+ years of service.
- ☐ I am transferring to the following reciprocal retirement system within 6 months of my termination date and **DO NOT** wish to establish reciprocity.
- ☐ I am transferring to the following reciprocal retirement system within 6 months of my termination date and wish to establish reciprocity with the following system.

(New Employer)

(Reciprocal System)

NOTE REGARDING RECIPROCAL RETIREMENT SYSTEMS

StanCERA is reciprocal with certain governmental defined benefit plans, including other '37 Act retirement systems, the California Public Employees' Retirement System, and the California State Teachers Retirement System. If you are working for another public employer (or plan on doing so within 6 months) and are unsure if their retirement system is reciprocal with StanCERA, please contact our office at (209) 525-6393.

☐ **RETIREMENT STATUS**

- ☐ I would like to apply for a regular service retirement
- ☐ I need to apply for a disability retirement because I am permanently incapacitated from the performance of my job duties.

PLEASE COMPLETE THE INFORMATION BELOW WHICH WILL AUTHORIZE STANCERA TO PROCESS YOUR REQUEST.

(Print/Type Name)

(Social Security Number)

(Mailing Address)

(Phone Number, including Area Code)

(City, State and ZIP)

(Signature and Date)