

TERMINATION OF EMPLOYMENT NOTICE TO RETIREMENT BOARD

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|--------------------|--------------------|-------------------|-------------------------|-----------|
| FIRST NAME: | MI: | LAST NAME: | SOCIAL SECURITY NUMBER: | |
| | | | | |
| MAILING ADDRESS: | | CITY: | STATE: | ZIP CODE: |
| | | | | |
| HOME PHONE NUMBER: | CELL PHONE NUMBER: | EMAIL ADDRESS: | | |
| | | | | |
| EMPLOYER: | DEPARTMENT: | TERMINATION DATE: | | |
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SECTION 1: CURRENT STATUS – CHOOSE ONE OPTION BELOW

- TERMINATED FULL-TIME/SEVERED ALL EMPLOYMENT WITH EMPLOYER

I have terminated my full-time employment status and completely severed all employment with a StanCERA participating employer. Continue to Section 2

- TERMINATED FULL-TIME/CONVERTED TO PART-TIME (NON-VESTED MEMBER)

I have terminated my full-time employment status and 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 a StanCERA participating employer. Continue to Section 3

- TERMINATED FULL-TIME/CONVERTED TO PART-TIME (VESTED MEMBER)

I have terminated my full-time employment status and 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 a StanCERA participating employer. Continue to Section 2B

- TERMINATED PART-TIME EMPLOYMENT WITH PRIOR FULL-TIME CREDIT

I have terminated my full-time employment status and was rehired as a part-time employee, making me previously ineligible to withdraw my contributions. I have now terminated my part-time employment status and have completely severed all employment with a StanCERA participating employer. Continue to Section 2



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|-------------|-----|------------|-------------------------|
| FIRST NAME: | MI: | LAST NAME: | SOCIAL SECURITY NUMBER: |
| | | | |

SECTION 2: CURRENT OPTIONS

Following my termination of employment with a StanCERA participating employer, treat any and all benefits that I hold in Stanislaus County Employees' Retirement Association as indicated below:

SECTION 2A: CURRENT OPTIONS – REFUND OPTIONS

- REFUND OF CONTRIBUTIONS

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

- DEFER REFUND OF CONTRIBUTIONS (*NON-VESTED MEMBER*)

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

SECTION 2B: CURRENT OPTIONS – DEFER RETIREMENT OPTIONS

- DEFER RETIREMENT

I am requesting to leave my funds on deposit with StanCERA. I believe 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, 5 or 6 member with five or more years of public service or a Tier 3 member with 10 or more years of service.
- I am transferring to a reciprocal system within six months of my termination date and *do not* wish to establish reciprocity.
- I am transferring to a reciprocal system within six months of my termination date and wish to establish reciprocity with the following system:

StanCERA is reciprocal with certain governmental defined benefit plans, including other 1937 act systems, the California Public Employees' Retirement System (CalPERS), and the California State Teachers' Retirement System (CalSTRS). If you are working for another public employer (or plan on doing so within the next six months) and are unsure if their retirement system is reciprocal with StanCERA, contact our office at (209) 525-6393.

New Employer

Reciprocal System

SECTION 2C: CURRENT OPTIONS – RETIREMENT OPTIONS

- RETIREMENT STATUS

- I would like to apply for a regular service retirement.
Service application must be submitted to StanCERA.
- I permanently incapacitated from the performance of my job duties and would like to apply for a disability retirement.
Contact StanCERA for disability retirement application.

SECTION 3: SIGN – RETURN TO STANCERA

Signature

Printed Name

Date