

Retirement Incentive Program: Certification of Employer Participation—Instructions

The *Certification of Employer Participation* form (MS 1169-1) is used to certify the employer meets the requirements under Education Code sections 22714 and 44929 or 87488, and formal action was taken—for example, an approved governing board resolution or a completed Memorandum of Understanding (MOU) agreement—to participate in the Retirement Incentive Program.

This form must be completed, certified and received by CalSTRS no later than 30 calendar days after the last day of the window period as established by formal action of the employer. CalSTRS must also receive a copy of the approved formal action, which may include a resolution or MOU.

SECTION 1: EMPLOYER INFORMATION

Employer (District): Enter the name of the school district, county office of education or community college district offering the Retirement Program Incentive.

CalSTRS District Code: The five-digit CalSTRS reporting unit code—the first two digits are for the county code and the last three digits are for the employer code.

Employer Contact and Telephone Number: It is important to provide the name and contact number of someone CalSTRS can contact with any questions or instructions.

Inclusive Period of Participation (Window Period):

The start date and end date of the window period opened by the formal action of the board. The window period must be at least 60 calendar days and not more than 120 calendar days. The board may open as many window periods as desired for the two additional years of service credit. Window periods may be consecutive, but may not overlap.

Memorandum of Understanding or Board Approval

Date: The date the board took formal action to open the window period. This date must not be on or before the “Start Date” of the window period.

SECTION 2: EMPLOYER CERTIFICATION

The employer is required to certify, by placing a check mark in the box, that it is participating in the Retirement Incentive Program under the authority of the applicable

Education Code section and the formal action will result in projected cost savings to the employer.

SECTION 3: REQUIRED SIGNATURES

In most cases, the individual holding one of the titles listed on the form will sign. However, any official authorized by these entities may sign, as long as the signatures are from two different people.

SUBMITTING YOUR FORMS

This form must be submitted with a copy of the approved formal action—as described above—and the *Certification Information* form (MS 1169-2).

Mail Your Application

CalSTRS
P.O. Box 15275, MS 60
Sacramento, CA 95851-0275

Overnight Delivery

If you are using a mailing service such as UPS or FedEx, send your form to:

CalSTRS Service Retirement
100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery

916-414-5261

Email

Retirementincentive@CalSTRS.com

Certification of Employer Participation Retirement Incentive Program

MS 1169-1 rev 05/16



California State Teachers' Retirement System
 P.O. Box 15275, MS 60
 Sacramento, CA 95851-0275
 800-228-5453
 CalSTRS.com

This form is used to certify that the requirements under Education Code sections 22714 and 44929 or 87488 have been met and that formal action was taken to participate in the Retirement Incentive Program. CalSTRS has no authority to apply an additional two years retirement incentive credit to a member's account until all conditions of the Retirement Incentive Program have been met.

CaSTRS USE ONLY
 APPROVED BY: _____
 DATE: _____

Section 1: Employer Information

EMPLOYER (DISTRICT)

CaSTRS DISTRICT CODE

()

EMPLOYER CONTACT

CONTACT TELEPHONE NUMBER

Start Date: ____/____/____ End Date: ____/____/____

INCLUSIVE PERIOD OF PARTICIPATION (WINDOW PERIOD)

____/____/____

MEMORANDUM OF UNDERSTANDING OR BOARD APPROVAL DATE

Section 2: Employer Certification

The employer hereby certifies it is participating in the CalSTRS Retirement Incentive Program under the authority of Education Code section 22714, and the formal action taken herein will result in a projected cost to the employer.

Certification Information form (MS 1169-2) must be completed and submitted with a copy of the Memorandum of Understanding or board approval minutes.

The employer agrees to comply with the administrative requirements set forth in the CalSTRS Employer Directive.

Section 3: Required Signatures

I hereby certify that on the board approval date or memorandum of understanding date shown above, the above-named EMPLOYER, by formal action, exercises the provisions of Education Code section 22714, with the inclusive period of participation (window period) of the Retirement Incentive Program as shown above.



SCHOOL DISTRICT, COUNTY OFFICE OR OTHER EMPLOYING AGENCY OFFICIAL'S SIGNATURE

DATE (MM/DD/YYYY)



COUNTY OFFICE OF EDUCATION, SUPERINTENDENT OF PUBLIC INSTRUCTION OR CHANCELLOR OFFICIAL'S SIGNATURE

DATE (MM/DD/YYYY)



MS1169.1