



California Public Employees' Retirement System
Customer Account Services Division
Retirement Account Services Section
P.O. Box 942709
Sacramento, CA 94229-2709
TTY: (877) 249-7442
888 CalPERS (or 888-225-7377) phone • (916) 795-4166 fax
www.calpers.ca.gov

MEMBER RECIPROCAL SELF-CERTIFICATION FORM

Complete the following information and return this form to your Personnel Office **within 10 business days**:

EMPLOYEE NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER OR CalPERS ID NUMBER: _____

NAME OF MOST RECENT RECIPROCAL RETIREMENT SYSTEM: _____

PERMANENT SEPARATION DATE FROM MOST RECENT RECIPROCAL RETIREMENT SYSTEM: _____

FIRST MEMBERSHIP DATE IN ANY PRIOR CALIFORNIA PUBLIC RETIREMENT SYSTEM THAT IS
SUBJECT TO RECIPROCITY: _____

(Check the applicable statement)

☐ I have not been a member of another California Public Retirement System within the last six months.

☐ I was a member and am retired from the _____ Retirement System and
subsequently became employed by a CalPERS-covered employer.

☐ I was a member of the _____ Retirement System and became employed by
a CalPERS-covered employer within six months after separating from employment with the previous
reciprocal retirement system.

I understand that by accepting employment in a specific retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form does not constitute a request to establish reciprocity. I must complete and return the "Election to Coordinate Retirement When Changing Retirement Systems," (PERS-MSD-255) Form to CalPERS.

I hereby certify that the foregoing information is true and correct and any information found to be incorrect may require corrections to my account in the California Public Employees' Retirement System including, but not limited to, my date of membership. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

SIGNATURE OF EMPLOYEE _____ DATE _____

TO BE COMPLETED BY EMPLOYER ONLY:

NAME OF CalPERS AGENCY: _____ CalPERS BUSINESS PARTNER ID: _____

CalPERS MEMBERSHIP ELIGIBILITY DATE WITH YOUR AGENCY: _____ ORIGINAL HIRE DATE WITH YOUR AGENCY: _____

DATE MEMBER RECIPROCAL SELF-CERTIFICATION FORM GIVEN TO EMPLOYEE: _____
DATE MEMBER RECIPROCAL SELF-CERTIFICATION FORM RECEIVED FROM EMPLOYEE: _____

(Please Print) DESIGNEE OF EMPLOYER _____ TITLE _____ DATE _____

DESIGNEE'S SIGNATURE _____

MEMBER RECIPROCAL SELF-CERTIFICATION FORM

Instructions

Reciprocity is an agreement among public retirement systems to allow members to separate from one public employer and enter into employment with another public employer within a specific time limit without losing some valuable retirement and related benefit rights.

The Public Employees' Pension Reform Act of 2013 (PEPRA), effective January 1, 2013, requires a CalPERS covered employer to determine the applicable PEPRA retirement benefit formula for new employees. CalPERS refers to all members that do not fit within the PEPRA definition of a "new member¹" as "classic members" who are subject to the Public Employees' Retirement Law (PERL). PEPRA allows a member after January 1, 2013, to retain his/her classic member retirement benefit status if the member continues his/her membership in all previous California Public Retirement System(s) by leaving his/her service credit and contributions (if any) on deposit, and the member enters into employment that results in CalPERS membership within six months of separating from the most recent California Public Retirement System. Classic member status also requires the membership date to be on or before December 31, 2012, in a California Public Retirement System in which reciprocity is established.

EMPLOYER INSTRUCTIONS

1. Employers must provide the Member Reciprocal Self-Certification Form to all new employees upon eligibility for membership.
2. Employers must sign and date the Member Reciprocal Self-Certification Form on the date the form is given to the employee.
3. Upon receipt of the completed Member Reciprocal Self-Certification Form, the employer will enter the date the employee returns the form.
4. The employer will enroll the new employee into CalPERS membership through my|CalPERS based on the information provided on the Member Reciprocal Self-Certification Form. my|CalPERS will determine the proper retirement benefit formula. If an employer believes the retirement benefit formula is incorrect, employers may contact CalPERS at 1-888-225-7377.
5. It is the responsibility of the employer to retain the completed Member Reciprocal Self-Certification Form in the employee's employment records for auditing purposes.

¹ A new member is defined in PEPRA as any of the following:

- A new hire who is brought into CalPERS membership for the first time on or after January 1, 2013, who has no prior membership in any California Public Retirement System.
- A new hire who is brought into CalPERS membership for the first time on or after January 1, 2013, who has a break in service of greater than six months with another **California Public Retirement System that is subject to Reciprocity.**
- A member who first established CalPERS membership prior to January 1, 2013, who is rehired by a different CalPERS employer after a break in service of greater than six months.

EMPLOYEE INSTRUCTIONS

1. The Member Reciprocal Self-Certification Form will assist your employer in determining whether you are considered a new member or a classic member under PEPRA.
2. As the new employee, you must complete, sign and date the Member Reciprocal Self-Certification Form to self-certify your most recent service in a reciprocal California Public Retirement System, your first membership date in any previous California Public Retirement System and your permanent separation date from the most recent California Public Retirement System; or indicate that you are not a member of any California Public Retirement System that is subject to Reciprocity.
3. As the new employee, you must return the Member Reciprocal Self-Certification Form to your Personnel Office **within 10 business days** of employment.
4. The completion of the Member Reciprocal Self-Certification Form does not establish reciprocity and is not a request to establish reciprocity. In order to request that reciprocity be established, visit the CalPERS web-site at: www.calpers.ca.gov and download the publication: "When You Change Retirement Systems", PUB-16. **It is the responsibility of the employee to complete and send the "Election to Coordinate Retirement When Changing Retirement Systems," PERS-MSD-255 Form to CalPERS.**

Reciprocal 1937 Act Counties

Alameda	Sacramento
Contra Costa	San Bernardino
Fresno	San Diego
Imperial	San Joaquin
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Sonoma
Mendocino	Stanislaus
Merced	Tulare
Orange	Ventura

Non-Reciprocal & UCRS Retirement Systems

Non-reciprocal systems are not covered by reciprocity retirement laws, but participate in retirement agreements with other systems.

State Teachers' Retirement System
Legislators' Retirement System
Judges' Retirement System
Judges' Retirement System II
University of California Retirement System

Reciprocal Public Agencies

*City of Concord
*City of Costa Mesa (Safety employees only)
City of Fresno (Miscellaneous and Safety Retirement Systems)
City of Los Angeles (non-Safety only)
City of Oakland (non-Safety employees only)
City of Pasadena (Fire and Police Retirement System)
*City of Sacramento
*City of San Clemente (non-Safety employees only)
City of San Diego
*City and County of San Francisco
City of San Jose
Contra Costa Water District
County of San Luis Obispo
East Bay Municipal Utility District
East Bay Regional Park District (Safety employees only)
Los Angeles County Metropolitan Transportation Authority
(Non-Contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District)

*Also CalPERS-covered agency

California Public Employees' Retirement System**Pre-Retirement Lump Sum Beneficiary Designation****Section 1****Member Information**

Please include your first name, middle initial and last name.

Member's Full Name_____
Social Security Number or CalPERS ID_____
Telephone Number_____
Birth Date**Section 2****Beneficiary Designation**

Provide on the form the full name of your beneficiaries, relationship, Social Security number or CalPERS ID and the complete address.

I understand that if I am married or in a registered domestic partnership but do not name my spouse or registered domestic partner as beneficiary, she/he may still be entitled to a community property share of my "Lump Sum Contributions" or a share of any monthly allowance that may be payable. My "Non-Spouse" or "Non-Registered Domestic Partner" designated beneficiaries will receive the portion of my lump sum benefits, which are not payable to my spouse or registered domestic partner as his/her community property share. I further understand that if my death is determined to be "Industrial," special death benefits will be paid in the manner prescribed by law. If no percentage (%) is given, the applicable benefits will be paid **share and share alike**.

Primary Beneficiaries

If a percentage (%) is entered make sure the total equals 100%.

Name of Primary Beneficiary_____
Birth Date

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

Relationship to the Member_____
Percentage of the Benefit_____
Social Security Number or CalPERS ID_____
Address (Number, Street, City, State and Zip Code)_____
Name of Primary Beneficiary_____
Birth Date_____
Relationship to the Member_____
Percentage of the Benefit_____
Social Security Number or CalPERS ID_____
Address (Number, Street, City, State and Zip Code)_____
Name of Primary Beneficiary_____
Birth Date_____
Relationship to the Member_____
Percentage of the Benefit_____
Social Security Number or CalPERS ID_____
Address (Number, Street, City, State and Zip Code)

Put your name and Social Security number or CalPERS ID at the top of every page.

Member's Name

Social Security Number or CalPERS ID

Section 2

If a percentage (%) is entered make sure the total equals 100%.

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

Beneficiary Designation - Continued

In the event that I survive the person(s) named above, I hereby designate the following person(s) who survive me, as BENEFICIARIES. If no percentage (%) is given, benefits will be paid **share and share alike**.

Secondary Beneficiaries

Name of Secondary Beneficiary

Birth Date

Relationship to the Member

Percentage of the Benefit

Social Security Number or CalPERS ID

Address (Number, Street, City, State and Zip Code)

Name of Secondary Beneficiary

Birth Date

Relationship to the Member

Percentage of the Benefit

Social Security Number or CalPERS ID

Address (Number, Street, City, State and Zip Code)

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

Section 3

Provide the date you signed the form and your current mailing address.

If you are married or in a registered domestic partnership and your spouse or registered domestic partner **does not** sign this form, you must complete and submit the **Justification for Absence of Spouse's or Registered Domestic Partner's Signature** (my|CalPERS 0775) form with your designation form.

Required Signature(s)

Member's Acknowledgement:

By this Beneficiary Designation, I hereby revoke any previous designation I have filed. I understand that my marriage or registered domestic partnership, dissolution or annulment of my marriage or registered domestic partnership, or the birth or adoption of a child or termination of membership subsequent to the date I file this form with CalPERS, will automatically void this designation. However, a designation filed after the initiation of a dissolution/annulment of marriage or registered domestic partnership is not revoked when the dissolution/annulment is finalized.

Are you legally married or have a registered domestic partner? ☐ Yes ☐ No

If yes, your spouse or registered domestic partner must sign this form. If no, please indicate:

☐ Never Married/Never in Registered Domestic Partnership ☐ Divorced/Annulled ☐ Widowed

IMPORTANT - You must complete the Justification for Absence of Spouse's or Registered Domestic Partner's Signature (my|CalPERS 0775) if you are married or have a registered domestic partnership but your spouse or registered domestic partner is unable to sign below.

Member's Signature

Date (mm/dd/yyyy)

Member's Address

City

State

Zip Code

Spouse's/Registered Domestic Partner's Acknowledgement:

By signing this beneficiary designation form, I acknowledge the information entered by my spouse/registered domestic partner.

Spouse's/Registered Domestic Partner's Signature

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division · P.O. Box 942711, Sacramento, CA 94229-2711

my|CalPERS 0772



California Public Employees' Retirement System

Justification For Absence Of Spouse Or Registered Domestic Partner's Signature

Pursuant to Government Code Section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change in beneficiary made by the member. The spouse or registered domestic partner of a CalPERS member must acknowledge the submission of an election of retirement optional settlement and/or designation of beneficiary for Death Benefits.

If a spouse or registered domestic partner's signature does not appear on one of the above-mentioned documents, the following information **MUST** be completed by the member and submitted with the corresponding document. If you have any questions, please visit our website www.calpers.ca.gov, or you may contact us toll free at **888 CalPERS** (or 888-225-7377).

Member's Name	CalPERS ID
Name of the Corresponding Document	

Select either 1 or 2 and indicate specifics:

1. ☐ By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
 - ☐ Never married or never in registered domestic partnership.
 - ☐ Divorced/marriage annulled or registered domestic partnership terminated. _____
Date (mm/dd/yyyy)
 - ☐ Widowed. _____
Date (mm/dd/yyyy)
2. ☐ By checking this box, I indicate that I am married or have a registered domestic partner, but my spouse or registered domestic partner did not sign this form because:
 - ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **OR**,
 - ☐ My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgement; **OR**,
 - ☐ My spouse or registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **OR**,
 - ☐ My spouse or registered domestic partner has no identifiable community property interest in the benefit; **OR**
 - ☐ My spouse or registered domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

I certify under penalty of perjury that the foregoing information is true and correct.

MEMBER'S SIGNATURE	DATE SIGNED
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You may scan and upload this form into my|CalPERS or mail it to the address below:

Mail To:	CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711
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