From:	Lena Young-Gallardo
To:	BSD-CBO List; BSD-FinMgrsMeet List; Persadmin List
Cc:	BSD-ExecutiveStaffList
Subject:	CalPERS Reciprocal Form (CalPERS 1187)
Date:	Tuesday, June 18, 2024 10:40:55 AM
Attachments:	image001.png member-reciprocal-self-certification-form-calpers-1187.pdf

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Good morning,

CalPERS revised their reciprocity form (CalPERS 1187) in December 2023, but it was just released in May. Please share the revised form with staff so they can discontinue use of the older form immediately.

Thanks,
Lena

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Reciprocal Self-Certification Form

Complete the following information and return this form to your employer within 10 business days to determine your eligibility for benefits in CalPERS. Only provide details for membership in the retirement systems found on the enclosed ***List of Qualifying Reciprocal Retirement Systems in California*** document.

Section 1: Member Information

Member Name

Date of Birth **CalPERS ID** **Enrollment Date with this Employer**

Are you a member of CalPERS with funds on deposit? ◯ **Yes** ◯ **No**

Are you a member of the defined benefit plan of one of the retirement systems listed on the enclosed List of Qualifying Reciprocal Retirement Systems in California? ◯ **Yes** ◯ **No** If yes, complete Section 2 with membership information for each qualifying reciprocal retirement system. Do not provide CalPERS data on this form. **If no, skip to Section 3.**

Section 2: Qualifying Reciprocal Membership Information

The data you provide must be validated with your reciprocal system. Failure to validate information may result in enrollment errors. Refer to the ***List of Qualifying Reciprocal Retirement Systems in California*** and only include details on this form for membership under the retirement systems listed, not employment covered by CalPERS.

1) Name of most recent reciprocal retirement system:

   Membership date in most recent reciprocal system (MM/DD/YYYY):

   Are you currently active with this reciprocal system? ◯ **Yes** ◯ **No**, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

   Did you receive a refund from this reciprocal system? ◯ **Yes** ◯ **No**, provide refund date (MM/DD/YYYY):

   Did you retire from this reciprocal system? ◯ **Yes** ◯ **No**, provide retirement date (MM/DD/YYYY):

   Note: Provide details below for a second reciprocal system or additional membership periods, if applicable. If not, skip to Section 3.

2) Name of reciprocal retirement system:

   Membership date (MM/DD/YYYY):

   Are you currently active with this reciprocal system? ◯ **Yes** ◯ **No**, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

   Did you refund from this reciprocal system? ◯ **Yes** ◯ **No**, provide refund date (MM/DD/YYYY):

   Did you retire from this reciprocal system? ◯ **Yes** ◯ **No**, provide retirement date (MM/DD/YYYY):

   Note: If you have additional reciprocal membership, attach a second form. If not, skip to Section 3.

Section 3: Sign and Certify

I understand that I am subject to the applicable laws and regulations of each system where I have membership. I also understand that completing this form will only determine my enrollment eligibility in CalPERS. It is not a request to establish reciprocity.

I certify that the information on this form has been verified with the qualifying reciprocal retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level or formula and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Member Signature **Date**

List of Qualifying Reciprocal Retirement Systems in California

Only provide membership information on the ***Reciprocal Self-Certification*** form for membership in the defined benefit plan of the following systems. **CalPERS data should not be included in Section 2 of the form**.

- Alameda County Employees' Retirement Association (ACERA)
- California State Teachers' Retirement System (CalSTRS) – Defined benefit (DB) plan only; cash balance plans not eligible
- City and County of San Francisco Employees' Retirement System (SFERS)
- City of Concord Retirement System*
- City of Costa Mesa Public Retirement System* – Safety only
- City of Delano Retirement System*
- City of Fresno Retirement System (CFRS)
- City of Pasadena Fire and Police Retirement System – Fire and police only
- City of San Clemente* - Miscellaneous only
- City of San Jose Office of Retirement Services – Safety and miscellaneous
- Contra Costa County Employees' Retirement Association (CCCERA)
- Contra Costa Water District (CCWD)
- East Bay Municipal Utility District (EBMUD)
- East Bay Regional Park District – Safety only
- Fresno County Employees' Retirement Association (FCERA)
- Imperial County Employees' Retirement Association (ICERS)
- Judges Retirement System II (JRS II)
- Kern County Employees' Retirement Association (KCERA)
- Legislators' Retirement System (LRS)
- Los Angeles City Employees' Retirement System (LACERS) – Miscellaneous only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
- Los Angeles County Employees' Retirement Association (LACERA)
- Los Angeles County Metropolitan Transportation Authority* (LACMTA)
- Marin County Employees' Retirement Association (MCERA)
- Mendocino County Employees' Retirement Association (MCERA)
- Merced County Employees' Retirement Association (MCERA)
- Oakland Municipal Employees' Retirement System (City of Oakland)* – Miscellaneous only
- Orange County Employees' Retirement System (OCERS)
- Sacramento City Employees' Retirement System*
- Sacramento County Employees' Retirement System (SCERS) – DB plan only; cash balance plans not eligible
- San Bernardino County Employees' Retirement Association (SBCERA)
- San Diego City Employees' Retirement System (SDCERS) – DB plan only; cash balance plans not eligible
- San Diego County Employees' Retirement Association (SDCERA)
- San Joaquin County Employees' Retirement Association (SJCERA)
- San Luis Obispo County Pension Trust (SLOCPT)
- San Mateo County Employees' Retirement Association (SamCERA)
- Santa Barbara County Employees' Retirement System (SBCERS)
- Sonoma County Employees' Retirement Association (SCERA)
- Stanislaus County Employees' Retirement Association (StanCERA)
- Tulare County Employees' Retirement Association (TCERA)
- University of California Retirement Program (UCRP) – DB plan only; cash balance plans not eligible

***CalPERS-covered agency –** *Only include details on this form if you were a member under the reciprocal retirement systems listed and not CalPERS-covered

CalPERS Privacy Notice

Privacy Notice
The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose
The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers
Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:
1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure
Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights
You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS
CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888**-225-7377).