Orange County Employees Retirement System
P.O. Box 1229, Santa Ana, CA 92702
(714) 558-6200
www.ocers.org

OCERS RECIPROCAL SELF-CERTIFICATION FORM

Please review the OCERS Reciprocity Guide, then complete this form in its entirety to report membership with prior California-based reciprocal system(s). OCERS will review upon submission.

Section 1: Member Information

Full Legal Name		
Date of Birth	Last 4 of Social Security Number	Phone Number
Email Address		

Section 2: Reciprocal System Information

Reciprocal Retirement System Name				
Entry Date	Separation Date	Years of Service	Funds on Deposit? ☐ Yes ☐ No	Retired? ☐ Yes ☐ No

Section 3: Additional Reciprocal Systems

Do you have membership with any additional retirement systems? ☐ Yes ☐ No

If you answer "No," skip this section and continue to the Member Certification. If you answer "Yes," complete the information below.

Additional Reciprocal Retirement System Name				
Entry Date	Separation Date	Years of Service	Funds on Deposit? ☐Yes ☐ No	Retired? ☐Yes ☐ No

Additional Reciprocal Retirement System Name				
Entry Date	Separation Date	Years of Service	Funds on Deposit? ☐Yes ☐ No	Retired? ☐Yes ☐ No

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Section 4: Member Certification

☐ I elect to establish reciprocity with OCERS based on my prior membership in an eligible reciprocal retirement system. I understand this election is irrevocable once approved by OCERS. I have read and understand the OCERS Reciprocity Guide and agree to its terms. I understand that I am subject to the laws and regulations administered by each retirement system of which I am a member. My retirement account information may be shared with the other retirement system(s).

I certify that the information provided is true and complete. I understand OCERS may request additional information to verify my reciprocal membership and service details. **I also understand that incorrect or incomplete information may result in underpaid member contributions, rate adjustments, or other OCERS corrections. By signing below, I authorize OCERS to make corrections as necessary. To maintain reciprocity, I understand I must keep contributions and interest on deposit with both systems and retire from both systems on the same effective date.**

Signature	Date