

Elected Officials As a newly elected/appointed official there is important information to consider regarding participation in the Orange County Employees Retirement System (OCERS) Defined Benefit retirement plan.

- Membership in the OCERS Defined Benefit retirement plan is optional.
- You must make an affirmative election indicating your desire to participate in the OCERS Defined Benefit retirement plan by completing the attached new member affidavit form (attachment).
- There is no time limit in which to elect to participate in the OCERS Defined Benefit retirement plan. You may make an election at any time while in office; however membership is prospective from the date your election and member affidavit are received by OCERS.
- Once an election to participate in the OCERS Defined Benefit retirement plan is made the election is considered IRREVOCABLE.
- If you have made an election to participate in the OCERS Defined Benefit retirement plan and you are elected/appointed into a new office you must make another election to participate in the OCERS Defined Benefit retirement plan for the period of service in the new office. If you are reelected for another term, your membership in OCERS will continue, unless you specifically notify OCERS that you do not want to be a member for the new term. You will also have an opportunity to rescind your membership election for the prior term and withdraw your member contributions plus interest.

**Instructions for
Naming Your
Beneficiary**

1. You may name one person or any number of persons as your primary or alternate beneficiary.
 - a. **Primary Beneficiary:** A primary beneficiary is the person or persons who would receive a benefit from OCERS upon your death.
 - b. **Alternate Beneficiary:** An alternate beneficiary is the person or persons who would receive a benefit from OCERS if you have no living primary beneficiaries on the date of your death.
 - c. If you name more than one person in either category, you must indicate what percentage of the benefit each individual is to receive. If you do not indicate a percentage, the benefit will be divided into equal parts.
2. Your designated beneficiary will be valid until the date you file another Beneficiary Change Form. Please note that, under California state law, if you have at least five years of service with OCERS at the time of your death, or your death is caused by a service-connected injury or illness, your spouse or dependent children have legal rights to any death benefits payable regardless of the beneficiaries designated on this affidavit (or the beneficiaries designated on any future Beneficiary Change Form you may file).



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

Elected Official Member Affidavit

Please print or type

1. Member Information	First Name		M.I.	Last Name		Social Security Number
	Home/Mailing Address					Home Phone Number
	City			State	Zip Code	Work Phone Number
	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		If Married - Date of Marriage	

2. Beneficiary Designation Please indicate the name of the individual(s) you wish to name as your Primary and Alternate beneficiary(ies). For complete instructions on designating beneficiaries, see the instruction sheet of this affidavit.

Primary beneficiary designation(s) - (percent of Benefit must total 100%)

1)	Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address					
City				State	Zip Code
2)	Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address					
City				State	Zip Code

Alternate beneficiary designation(s) - (percent of Benefit must total 100%)

1)	Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address					
City				State	Zip Code
2)	Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address					
City				State	Zip Code

3. Previous California Public Service Are you a member of any other public retirement system in the state of California? Yes No

If yes, complete below:
Name of the other retirement system: _____
Your status: Active Member Inactive Member (not receiving benefits) Retired (receiving benefits)

4. Member Certification I elect to participate in the OCERS Defined Benefit retirement plan Yes No
I hereby affirm that the statements I have made on this Member Affidavit are true and correct to the best of my knowledge and belief. I further affirm and understand that my retirement benefit plan election made on this form is irrevocable.

Member Signature _____ Phone Number _____ Date _____
Witness Signature _____ Phone Number _____ Date _____

5. To Be Completed By Agency Personnel	Date Entered Continuous Service		Present Employer		Plan: <input type="checkbox"/> General <input type="checkbox"/> Safety
	Payroll Title	Agency	Title Code	Payroll Range	Salary