

**REQUEST FOR ADMINISTRATIVE REVIEW OF CEO BENEFIT DETERMINATION**

This is a **Request for Administrative Review** of a CEO Benefit Determination pursuant to the OCERS Administrative Review and Hearing Policy applicable to requests filed on or after November 1, 2024.

This formmust be filed with OCERS, as described below, ***no later than*** ninety (90) days after the date of the notice of the CEO Determination.

File the **Request for Administrative Review** form by sending it via e-mail to **hearings@ocers.org** (preferred)or mailing it to:

Orange County Employees Retirement System (OCERS) Attn: Clerk of the Hearing Officers

PO Box 1229

Santa Ana, CA 92702

Once the **Request for Administrative Review** form has been filed, unless otherwise notified, the Clerk will place the matter on the agenda of a regular meeting of the OCERS Board, which will be no later than two (2) calendar months after the Clerk receives the request. The Clerk will provide written notice to the Applicant or their Attorney of the time and date of the Board meeting when the matter will be heard.

**REQUEST FOR ADMINISTRATIVE REVIEW OF CEO BENEFIT DETERMINATION**

**Section 1. Applicant’s Information**

Applicant is:

[ ] The OCERS Member whose benefit is the subject of the CEO Benefit Determination.

[ ] A person filing on behalf of the OCERS Member whose benefit is the subject of the CEO Determination.

[ ] OCERS Employer — Name of Employer:

[ ] A person with an interest in the OCERS Member’s pension (e.g., heir, beneficiary, spouse).

 Name:

 Address:

 Telephone Number:

 E-Mail Address:

 **[ ] Check here if Applicant consents to have all documents served via e-mail.**

**If Applicant is an OCERS Member, are you/they**:

[ ] Active [ ] Retired

[ ] Deferred

If Retired, what type of retirement: [ ] Service Retirement [ ] Disability Retirement

**Section 2. OCERS Member Information** (complete *only* if the Applicant is not the OCERS Member)

Member’s Name:

Member’s Address (if known):

Member’s Telephone Number:

Member’s E-Mail Address:

# Section 3. Attorney Information (complete *only* if Applicant is represented by an Attorney)

Attorney Name:

California Bar Number:

Firm Name:

Address:

Phone Number:

E-Mail Address:

# Section 4. Details of Requested Administrative Review of CEO Determination:

The Applicant is contesting (check all that apply):

[ ] Reciprocity determination

[ ] Benefit calculation, including components of final average salary, years of service credit, or plan formula.

[ ] Other; Please describe:

Date of CEO Determination notice:

# Section 5. Reason(s) You Believe the CEO Determination is Incorrect

Please explain why you believe the CEO Determination is incorrect. Please also attach the CEO Determination notice and any evidence you rely upon to support your claim:

# Section 6. Signature

Dated:

*Signature of Applicant or Applicant’s Attorney (if represented)*

Print Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***This form will not be accepted unless it is signed and dated. A digital signature is acceptable.***