

**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 (Disability and Non-Disability Benefits) applicable to Requests for Administrative Reviews filed on or after June 1, 2023.*

The **Request for Administrative Review** must be filed with OCERS, as described below, ***no later than*** ninety (90) days after the date of the notice of the CEO Determination.

**Instructions:**

1. Completing the **Request for Administrative Review** form:
   1. Complete Section 2 only if Applicant ***is not*** the OCERS Member whose benefits are at issue.
   2. Complete Section 3 only if you ***are*** the attorney for the Applicant.
   3. The Applicant *or* the Applicant’s attorney must sign and date Section 6.
2. File the **Request for Administrative Review** form by sending it via e-mail to [**hearings@ocers.org**](mailto: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 for Administrative Review**.

The Clerk will provide written notice to the Member or the Applicant if Applicant is not the OCERS Member and/or their Attorney of the time and date of the meeting of the Board when the matter will be heard.

# BEFORE THE BOARD OF RETIREMENT OF THE ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM

**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))

Name:

California Bar Number:

Firm Name:

Address:

Phone Number:

E-Mail Address:

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

Applicant is contesting (check all that apply): [ ] Reciprocity determination

[ ] Benefit calculation; includes components of final average salary, years of service credit, plan formula, etc.

[ ] Other; Please describe:

Date of CEO Determination letter:

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

Please attach the CEO Determination letter to this form and provide a short explanation of why you believe the CEO Determination should be reversed (attach extra pages if necessary):

# Section 6. Signature

Dated:

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

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

*\*Please note: This form will not be accepted unless signed and dated by the Applicant or the Applicant’s Attorney. Electronic signature is acceptable.*