



REQUEST FOR ADMINISTRATIVE REVIEW

The attached form, called a **Request for Administrative Review**, is for the purpose of requesting the Administrative Review of a CEO Determination under the OCERS Administrative Review and Hearing Policy (the "Policy")¹. Capitalized terms used in this document are defined in the Policy.

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:
 - a. **You must complete** Sections 1, 2, and 4; and **you must sign** the form in Section 6.
 - b. Complete Section 3 only if the Member is represented by an Attorney.
2. File the **Request for Administrative Review** form by sending it via e-mail to **hearings@ocers.org** or return 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, 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 and/or the Member's Attorney of the time and date of the meeting of the Board when the matter will be heard.

¹ The OCERS Administrative Review and Hearing Policy (Disability and Non-Disability Benefits) applies to Requests for Administrative Review and Requests for Administrative Hearing filed on or after August 18, 2020.

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

REQUEST FOR ADMINISTRATIVE REVIEW OF CEO DETERMINATION

Section 1. Applicant's Information

Applicant is:

- The OCERS Member whose benefit is the subject of the CEO 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)

Section 2. Member's Information

Member's Name: _____

Member's Address: _____

Member's Telephone Number: _____

Member's E-Mail Address: _____

([] Check here if Member consents to have all documents served via e-mail.)

The OCERS Member is:

- An Active OCERS Member
- A Retired OCERS Member
- A Deferred OCERS Member

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

Section 3. Member's Attorney Information (complete only if an Attorney represents the Member)

Attorney's Name: _____

Attorney's California Bar Number: _____

Attorney's Firm Name: _____

Attorney's Address: _____

Attorney's Phone Number: _____

Attorney's E-Mail Address: _____

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

Applicant and/or Member 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: _____

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

Provide a short description of why you believe the CEO Determination should be reversed (attach extra pages if necessary):
