Orange County Employees
Retirement System
2223 E. Wellington Avenue, Suite 100
Santa Ana, CA 92701
(714) 558-6200
www.ocers.org

# Retirement Plan Election Member Affidavit

## Choosing Your Retirement Benefit Formula

**All eligible new employees are required to elect their retirement benefit formula. You have 45 days from your hire date to make a one-time election of your retirement benefit formula.** Once you have made your election, your choice of benefit formula is **irrevocable**. If you fail to make an election within 45 days of your hire date you will be deemed to have irrevocably elected Plan O/P (1.62% at 65) and the applicable employee and any additional contributions for that plan will be deducted from your paycheck and deposited to your OCERS member account. *Please note that employee contributions for either of the plans are mandatory and will be applied retroactively and deducted from your paycheck as a single lump sum payment in a pay period after you have submitted your Retirement Plan Election - Member Affidavit form.*

For more information on your retirement benefit options you may refer to the Benefit Formula comparison sheet in the forms/publications section of the OCERS web site or contact OCERS at (714) 558-6200.

## 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 your death, 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).

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**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 ☐ Male ☐ Female | Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced | If Married - Date of Marriage |

## 2. Retirement Plan Election

☐ **Plan O/P (1.62% @ 65)** ☐ **Plan I/J (2.7% @ 55)**

## 3. 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 |

## 4. 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)

## 5. Member Certification

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 any election made on this form is irrevocable and if I decline to make a retirement plan election I will be irrevocably placed in the O/P (1.62 @ 65) plan.

| Member Signature | Phone Number | Date |
|---|---|---|
| Witness Signature | Phone Number | Date |

## 6. To Be Completed By Agency Personnel

| Date Entered Continuous Service | | Present Employer | | Plan: ☐ General ☐ Safety |
|---|---|---|---|---|
| Payroll Title | Agency | Title Code | Payroll Range | Salary |

## For OCERS Office Use Only

Entered by: _____ Date: _____

Reviewed by: _____ Date: _____