

RETIREMENT PLAN ELECTION FORM

Member Information (Please Print)

1. Last Name		2. First Name		3. Middle Name	
4. Social Security Number	5. Personal Email Address			6. Home/Cell Number	
7. Mailing Address			8. City		9. State
10. Zip Code					
11. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to state		12. Date of Birth		13. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Qualified Domestic Partner	
14. Date of Marriage		15. Spouse/Domestic Partner Name			

Choosing Your Retirement Benefit Formula

All eligible new employees are required to elect their retirement benefit formula within 45 days of their hire date. Once you have made your election, your choice of benefit formula is **irrevocable**. If you fail to make an election within those 45 days, 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 are mandatory, regardless of plan choice, 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 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 website or contact OCERS at (714) 558-6200.

Retirement Plan Election

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

Member Acknowledgment

I hereby affirm that the statements I have made on this form are true and correct to the best of my knowledge and belief. I further understand that in reliance on these statements, OCERS will enroll me in the OCERS plan formula based on the information above; and that in the event that any of the above information is incorrect, my OCERS account will be corrected retroactively. This correction could include changes to plan formula, contribution basis age and rate, and could result in monies being owed by me to OCERS.

Member Name (*Print)		Member Signature (*Signature must be signed by hand)			Date
To Be Completed by Agency Personnel	Witness Name (*Print)		Witness Signature (*Signature must be signed by hand)		Date
	Agency		Payroll Title		Plan <input type="checkbox"/> General <input type="checkbox"/> Safety
	Present Employer	Date Entered Continuous Service	Title Code	Payroll Range	Salary