

WAIVER OF MEMBERSHIP (California Government Code Section 31552)

Ι,	, havi	ng attained the age of six	aty or greater, and having
(Name of	employee)		
no service credit or	funds on deposit with the O	range County Employees	s Retirement System
(OCERS), hereby	expressly, unequivocally, and	l irrevocably waive all ri	ghts to membership
in OCERS and any	OCERS benefits that would	accrue by virtue of my	employment with
		, commencing on	
(Name of employ	er)	, commencing on	(Date of employment)
I understan	d that by waiving my membe	ership I am not eligible to	earn service credit in
OCERS, I am not e	eligible for OCERS reciproca	al benefits, and no funds	will be deposited by me
or on my behalf to	OCERS for purposes of accr	ruing retirement benefits.	I further understand
that California Gov	vernment Code Section 3155	2 provides in part that in	cases where an
employee has signe	ed this type of waiver, "said o	employee upon attaining	the age of 70 shall
thereafter be emplo	oyed from year to year at the	discretion of the [employ	yer]." I further
understand that I b	ear all legal responsibility for	r the decision to waive m	embership and any
consequence that re	esults from this decision. At	tached hereto is a true an	d correct copy of my
Birth Certificate or	Passport.		
Dated:			
		Printed Name	
		Signature	

Note to employer: Please provide a copy of the executed waiver and proof of age to OCERS.

Attachment: Copy of Passport or Birth Certificate