



# Contra Costa County Office of Education

77 Santa Barbara Road, Pleasant Hill, CA 94523 • (925) 942-3388  
Karen Sakata, Superintendent of Schools

## Business and Administrative Services

January 7, 2019

TO: District Business Officials  
District Payroll  
Contra Costa County School Districts

FROM: Lina Gramatikova  
Lead Payroll Audit Specialist, District Payroll Services

SUBJECT: CalSTRS Employer Directives – December 2018

The following is a summary of the most recent CalSTRS Employer Directive and updates, published during the month of December 2018. The documents are also attached for reference.

**1) CalSTRS Employer Directive 2018-05 – Senate Bill 179 "Gender Recognition Act"**  
(Chapter 853, Statutes of 2017)

Gender is currently a required field when enrolling an employee in CalSTRS via the MR 87 file or the Remote Employer Access Program. Gender options are currently limited to male or female, but CalSTRS plans to have a non-binary gender option in their new pension administration system. In the meantime, CalSTRS is tracking accounts for persons whose gender should be updated to non-binary when the option is available.

If a new employee has a non-binary gender, CalSTRS is asking all employers to follow the steps below and contact them so that they can annotate the account for updating in their new system.

- If enrolling a new employee (a female or male) in the CalSTRS system, enter the employee's gender as female or male.
- If the new employee's gender is non-binary, enter the employee's gender as female during the interim.
- If an employee contacts you to change their gender identification in the CalSTRS system, please advise the employee to contact CalSTRS directly to update their information.

## 2) New CalSTRS Forms effective January 1, 2019

- [Permissive Membership form \(ES 350\)](#)
- [Retirement System Election form \(ES 372\)](#)
- [Cash Balance Benefit Program Election form \(CB 533\)](#)

The newly revised CalSTRS forms are now available on SEW and the use of any outdated forms should be discontinued.

## 3) Winter 2019 Employer Connect Newsletter

CalSTRS has issued their [Winter 2019 edition of the Employer Connect newsletter](#) and it is now available on SEW in the Reference Items section under Employer Communications.

Attachment(s)

# Cash Balance Benefit Program Election-Instructions

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## **SECTION 1: EMPLOYEE INFORMATION, ELECTION AND/OR CERTIFICATION (TO BE COMPLETED BY EMPLOYEE)**

Provide the following information:

- Last Name, First Name and Middle Initial
- CalSTRS Client ID or Social Security Number

Complete Section 1.A, 1.B, or 1.C, whichever is applicable.

Sign the form, date your signature and return the form to your employer. Verify with your employer you are eligible for your requested effective date, if applicable.

### **SECTION 1.A: CALSTRS DEFINED BENEFIT PROGRAM MEMBER**

If you are a member of the Defined Benefit Program your creditable service defaults to coverage by the Defined Benefit Program.

You may elect coverage by the Cash Balance Benefit Program in lieu of Defined Benefit Program coverage for eligible creditable service performed for an employer that offers the program. Your election must be made within 60 days of your date of employment, or the date or effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later. Your election is effective the first day of employment or the effective date of your employer's action to provide the program, whichever is later.

If you elect coverage by the Cash Balance Benefit Program, you may later elect that future creditable service performed for that employer be subject to coverage by the Defined Benefit Program. You may make that election at any time while employed to perform creditable service. This election may be effective no earlier than the first day of the pay period in which your election is made.

### **SECTION 1.B: CALSTRS DEFINED BENEFIT PROGRAM NON-MEMBER**

If you are not a member of the Defined Benefit Program, your eligible creditable service defaults to coverage by the Cash Balance Benefit Program as of the first day you perform creditable service for your employer or the effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later.

You may elect coverage by an alternative retirement plan, including Social Security, offered by your employer in lieu of participating in the Cash Balance Benefit Program if your employer's action to provide the program allows. Your election must be made within 60 days of your first day of creditable service, or the date or effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later.

If Social Security was not available when your service defaulted to coverage by the Cash Balance Benefit Program and Social Security is later provided by your employer, you may elect Social Security coverage. Your election must be made within 60 days of the date or effective date of your employer's action to provide Social Security, whichever is later. If you make this election, your eligible creditable service

will be subject to coverage by Social Security on the effective date of your employer's action to provide Social Security and your participation in the Cash Balance Benefit Program for that employer will end the day prior.

If you elect coverage by Social Security or another alternative retirement plan offered by your employer, you may subsequently elect coverage by the Cash Balance Benefit Program for future creditable service performed for that employer so long as you are employed to perform creditable service and your basis of employment is eligible for participation. This election can be effective no earlier than the first day of the pay period in which the election is made.

You may elect membership in the Defined Benefit Program using the *Permissive Membership* (ES 350) form at any time while employed to perform creditable service.

### **SECTION 1.C: TRUSTEE SERVICE**

If you are performing service as a trustee for an employer that offers the Cash Balance Benefit Program, you may elect coverage by the program for your trustee service. Your election can be effective no earlier than the first day of the pay period in which your election is made.

## **SECTION 2: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)**

Provide the following information:

- The employer (district) name
- County and district code
- Name and title of employer official reviewing form

Verify Section 1 is completed and the employee is eligible for any elections made or effective dates provided.

Sign the form, date your signature, submit the form to CalSTRS and retain a copy.

### **SUBMITTING THE FORM**

CalSTRS must receive this form within 60 days after the employee's signature date.

Mail to: CalSTRS  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275

Fax to: 916-414-5476

Secure Employer Website: Attach the form to a secure message and submit via SEW

### **QUESTIONS**

Employee – contact your employer.

Employer – contact your CalSTRS Employer Services Representative.

# Cash Balance Benefit Program Election

CB 533 rev 01/19

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## COVERAGE ELECTION FOR A CASH BALANCE BENEFIT PROGRAM EMPLOYER AND/OR ACKNOWLEDGEMENT OF RECEIPT OF COVERAGE INFORMATION

This form is used to make a coverage election for creditable service performed for a Cash Balance Benefit Program employer and/or to acknowledge receipt of information related to available coverage options.

### Section 1: Employee Information, Election and/or Certification (to be completed by employee)

EMPLOYEE NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

#### Section 1.A. CalSTRS Defined Benefit Program MEMBER (check one):

- I decline Cash Balance Benefit Program coverage for eligible creditable service performed for this employer. I understand eligible service will default to Defined Benefit Program coverage.
- I elect Cash Balance Benefit Program coverage for eligible creditable service performed for this employer.
- I previously elected Cash Balance Benefit Program coverage for creditable service performed for this employer and now elect Defined Benefit Program coverage for creditable service performed for this employer as of: \_\_\_\_\_  
EFFECTIVE DATE (MM/DD/YYYY)

#### Section 1.B. CalSTRS Defined Benefit Program NON-MEMBER (check one):

- I decline alternative retirement plan coverage for eligible creditable service performed for this employer, or no such coverage is offered by my employer. I understand eligible service will default to Cash Balance Benefit Program coverage.
- I elect alternative retirement plan coverage for eligible creditable service performed for this employer.
- I previously elected alternative retirement plan coverage for creditable service performed for this employer and now elect Cash Balance Benefit Program coverage for creditable service performed for this employer as of: \_\_\_\_\_  
EFFECTIVE DATE (MM/DD/YYYY)

#### Section 1.C. Trustee Service (form is only required to elect coverage):

- I elect Cash Balance Benefit Program coverage for trustee service performed for this employer as of: \_\_\_\_\_  
EFFECTIVE DATE (MM/DD/YYYY)

#### Required Signature

I certify that my employer provided me information about the available coverages for my creditable service and my rights and responsibilities.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).



EMPLOYEE'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

### Section 2: Employer Information and Certification (to be completed by employer)

EMPLOYER NAME

COUNTY AND DISTRICT CODE

EMPLOYER OFFICIAL'S NAME AND TITLE

#### Required Signature

I certify that the above-named employee is eligible for the election made above and was provide required information about their coverage options.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).



EMPLOYER OFFICIAL'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)



CB533



HOW WILL YOU SPEND YOUR FUTURE?

California State Teachers'  
Retirement System  
Executive Office  
PO Box 15275  
Sacramento, CA 95851-0275  
CalSTRS.com

December 17, 2018

TO: All County Superintendents of Schools  
District Superintendents of Schools  
Community College Districts  
Charter Schools and  
Other Employing Agencies

FROM: Jack Ehnes   
EXECUTIVE OFFICE

SUBJECT: Employer Directive 2018-05  
Senate Bill 179 "Gender Recognition Act" (Chapter 853, Statutes of 2017)

**PURPOSE:**

This directive notifies employers of how to enroll new employees whose gender is nonbinary in the CalSTRS system.

**SCOPE:**

This directive contains information for county superintendents of schools, school districts, charter schools, community college districts and any agency that employs individuals to perform creditable service under the CalSTRS Defined Benefit, Defined Benefit Supplement and Cash Balance Benefit programs.

**DISCUSSION:**

Senate Bill 179 (Chapter 853, Statutes of 2017), also known as the Gender Recognition Act, grants individuals the ability to select male, female or nonbinary to conform to their gender identity on certain official documents such as a birth certificate, driver license or state-issued ID card.

Gender is currently a required field when enrolling an employee in CalSTRS via the MR 87 file or the Remote Employer Access Program. Gender options are currently limited to male or female, but CalSTRS plans to have a nonbinary gender option in our new pension administration system. In the meantime, CalSTRS is tracking accounts for persons whose gender should be updated to nonbinary when the option is available.

If a new employee has a nonbinary gender, we ask that you follow the steps below and contact us so that we can annotate the account for updating in our new system. We ask that you denote the

employee's gender as female during the interim so that we can use conservative assumptions for actuarial purposes until the gender is corrected on the account. If an existing employee requests to change their gender identification in the CalSTRS system, please ask the employee to contact CalSTRS directly.

**ACTION**

<i>If...</i>	<i>Then...</i>
You are enrolling a new employee in the CalSTRS system and the employee's gender is female or male	<input type="checkbox"/> Enter the employee's gender as female or male, whichever is applicable, on the MR 87 file or via the Remote Employer Access Program.
You are enrolling a new employee in the CalSTRS system and the employee's gender is nonbinary	<input type="checkbox"/> Enter the employee's gender as female on the MR87 file or via the Remote Employer Access Program. <input type="checkbox"/> Email <a href="mailto:EmployerHelp@CalSTRS.com">EmployerHelp@CalSTRS.com</a> with the employee's name and Client ID and notify your Employer Services Representative that the employee's gender is "nonbinary."
An established employee contacts you to change their gender identification in the CalSTRS system	<input type="checkbox"/> Advise the employee to contact CalSTRS directly to update their information.  Employees can send us a secure online message using their <i>my</i> CalSTRS account, call us at 800-228-5453 or write to us at:  CalSTRS, MS 85 P.O. Box 15275 Sacramento, CA 95851-0275

If you have any questions regarding this Employer Directive, please contact your CalSTRS Employer Services Representative at [EmployerHelp@CalSTRS.com](mailto:EmployerHelp@CalSTRS.com) or 877-227-5778.

This Employer Directive does not take precedence over the law.



# employer CONNECT

Winter 2019

## California Wildfires: Information for Affected Employers and Members

### School Closures and Monthly Reporting

CalSTRS is aware of the closure of employer partner offices due to the recent California wildfires. We are monitoring office closures and will continue to work with you to assist in the monthly reporting process once business has resumed in the affected areas.

Relief from penalties and interest on reporting due to these closures is subject to the dispute process, and CalSTRS is committed to working with you to document the effect of this devastating natural disaster on your operations and communities.

Please continue to work with your Employer Services representative if you have any questions or to report affected service in your area.

### CalSTRS Retirees and Beneficiaries Receiving Benefit Payments by Mail

We are attempting to contact affected retirees and beneficiaries not enrolled in direct deposit to help them locate their benefit payment if postal delivery has been disrupted in their area.

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**CALSTRS**  
HOW WILL YOU SPEND YOUR FUTURE?

California State Teachers' Retirement System  
P.O. Box 15275, Sacramento, CA 95851-0275  
800-228-5453 | CalSTRS.com



## California Wildfires: Information for Affected Employers and Members

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Members can visit <https://about.usps.com/newsroom/service-alerts/weather-updates-residential.htm> and select *California* for up-to-date information on residential mail service disruption or call us at 800-228-5453.

Employers can download a flyer with this and other helpful information for affected members by visiting the FAQs category of *Reference Items* on the Secure Employer Website.

Our thoughts are with our employer and member communities as you work through this difficult time, and we remain committed to our shared goal in service to California's educators.

Members can visit <https://about.usps.com/newsroom/service-alerts/weather-updates-residential.htm> and select *California* for up-to-date information on residential mail service disruption or call us at 800-228-5453.

# Pension Solution Updates: Changes to Format for Monthly Reports

Thank you for your continued participation in the Pension Solution project activities. This project includes the implementation of two new file formats—the Employment File and the Contribution File—that will replace the existing MR87, Address, Accounts Receivable, F496 and VDF files. The new file formats will be available to test in the Employer Readiness Environment following the soft launch of the new reporting portal in fall 2019 and will be required beginning in fall 2021.

We recently conducted readiness assessment conference calls with our external reporting partners (direct report employers, employers with custom payroll systems, payroll vendors and third-party administrators). During these calls, we shared information about upcoming changes, and also discussed reporting practices and the project schedule with the goal of preparing employers for the soft launch of the Employer Readiness Environment and a successful transition to a new Secure Employer Website.

We are using the feedback gathered during the employer readiness assessment calls to prepare a strategic readiness plan for each external reporting partner and will continue to engage employers to provide project updates, support and training.

At its November 2018 meeting, the Teachers' Retirement Board was presented with a preliminary draft of the regulatory amendments necessary to implement the new file formats. At the January/February 2019 meeting, CalSTRS staff will seek approval from the board to initiate the rulemaking process, which includes seeking public comment from employers and other stakeholders.

The current project schedule:

- Employer Readiness Assessments: fall 2018/winter 2019
- New File Format Regulatory Process Begins: winter 2019
- Soft Launch of the Employer Readiness Environment and Training: fall 2019
- Full Employer Training: summer/fall 2021
- Full Production Reporting: fall 2021

For more information about the Pension Solution Employer Readiness activities, please contact **[PSEmployerReadiness@CalSTRS.com](mailto:PSEmployerReadiness@CalSTRS.com)**. To request notification of this rulemaking effort, contact **[Regulations@CalSTRS.com](mailto:Regulations@CalSTRS.com)**.

We are using the feedback gathered during the employer readiness assessment calls to prepare a strategic readiness plan for each external reporting partner and will continue to engage employers to provide project updates, support and training.

## Updated Training Tips: ES350 Permissive Membership Form

The spring 2018 edition of *Employer Connect* included training tips for the *Permissive Membership* form (ES350). Below is updated information reflecting changes enacted by Chapter 416, Statutes of 2018 (Senate Bill 1165) which became effective January 1, 2019.

### **What** is permissive membership?

Under Education Code section 22515, employees who are employed to perform creditable service but who are excluded from mandatory membership pursuant to Education Code sections 22601.5, 22602 or 22604 are eligible to permissively elect membership in the CalSTRS Defined Benefit Program at any time while performing creditable service. Once Defined Benefit Program membership is elected, it is irrevocable.

### **Whom** to provide the *Permissive Membership* form (ES350):

Employees who are (1) performing creditable service; (2) employed for less than 50 percent of a contract or employed as a substitute, temporary, or part-time hourly or part-time daily employee (excluded from mandatory membership under Education Code section 22601.5, 22602 or 22604); and (3) not already a member of the CalSTRS Defined Benefit Program.

The form should only be provided to employees who are eligible to elect membership in the Defined Benefit Program. Current CalSTRS members are not eligible to make this election, as their service must be reported to CalSTRS.

### **When** to provide the ES350:

Provide the ES350 to eligible employees within 30 days of hire, as required by Education Code section 22455.5(b).

### **When** to submit the ES350 to CalSTRS:

Effective January 1, 2019, CalSTRS must receive this form within 60 calendar days from the date of the employee's signature per Education Code section 22515 as amended by Chapter 416, Statutes of 2018.

Please do not submit ES350s to CalSTRS for employees who are already established CalSTRS members, and CalSTRS does not need copies of the ES350 when your employee is declining CalSTRS membership.

### **How** to determine the *Defined Benefit* membership date:

Membership in the Defined Benefit Program can be effective no earlier than the first day of employment to perform creditable service or the first day of the pay period in which the election is made, whichever is later. Education Code section 22154 defines "pay period" as a payroll period of not less than four weeks or more than one calendar month.

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## Updated Training Tips: ES350 Permissive Membership Form

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### **Form Updates:**

The newly revised Permissive Membership form (ES350) is now available on the Secure Employer Website Forms and Publication Ordering System. This form has been revised as of January 2019 to incorporate the legislative changes per Chapter 416, Statutes of 2018. Please discontinue use of any outdated forms.

For more information regarding the permissive membership election process, and about CalSTRS membership, please refer to Employer Directive 2018-04, available online through the Secure Employer Website or at **[CalSTRS.com/employer-and-administrative-directives](https://www.calstrs.com/employer-and-administrative-directives)**.

If you have any questions, please contact employer services at 877-277-5778 or **[EmployerHelp@CalSTRS.com](mailto:EmployerHelp@CalSTRS.com)**.

The ES350 form should only be provided to employees who are eligible to elect membership in the Defined Benefit Program.



## CalSTRS to Release Fifth Annual Sustainability Report this Spring

CalSTRS' fifth annual sustainability report, *Global Stewardship at Work*, will be available online this spring at [CalSTRS.com/sustainability-reports](https://www.calstrs.com/sustainability-reports). This report recaps CalSTRS' sustainability performance and related efforts for the 2017–18 fiscal year.

In 2015, CalSTRS became the first U.S. public pension plan to issue a sustainability report that met guidelines set forth by the Global Reporting Initiative. Sustainability reporting is essential to help organizations like CalSTRS measure, understand and communicate their economic, environmental, social and governance performance. This year's report will detail our commitment to long-term sustainability and stewardship, as well as the global perspective we've adopted to mitigate risk exposure and capitalize on growth opportunities.

## Board Meeting Videos Available Online

The Teachers' Retirement Board meets at CalSTRS Headquarters several times a year. Links to recorded videos of past meetings can be found at [CalSTRS.com/board-meeting-video-archive](https://www.calstrs.com/board-meeting-video-archive). You can view board meetings from as far back as December 2010 as well as download agendas. Audio files from 2017 to the present can also be downloaded.



## CalSTRS Calendar of Upcoming Events

### CalSTRS Meetings

Unless otherwise stated, all CalSTRS meetings are held at:

**CalSTRS**

**100 Waterfront Place**

**West Sacramento, CA 95605**

**Teachers' Retirement Board Meetings**      **January 30–February 1**

**Client Advisory Committee**      **January 30 (tentative)**

CAC dates coincide with  
Teachers' Retirement Board meeting dates

**Employer Advisory Committee**      **February 6**

### CalSTRS Closed

Martin Luther King Jr. Day      **January 21**

Presidents' Day      **February 18**

Cesar Chavez Day      **April 1 (observed)**

## Permissive Membership-Instructions

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If you are employed to perform creditable service in a position that is excluded from mandatory membership in the CalSTRS' Defined Benefit Program, you may use this form to elect membership at any time while employed to perform creditable service.

A permissive election of membership in the Defined Benefit Program is irrevocable and applies to all future creditable service performed for the same or another employer unless an election for coverage by the CalSTRS Cash Balance Benefit Program or California Public Employees' Retirement System (CalPERS) is made for eligible service as allowed by law.

Membership may only be cancelled if you terminate all employment to perform creditable service and refund your accumulated retirement contributions from the CalSTRS Defined Benefit Program.

### **SECTION 1: EMPLOYEE INFORMATION, ELECTION AND/OR CERTIFICATION (TO BE COMPLETED BY EMPLOYEE)**

Provide the following information:

- Last Name, First Name and Middle Initial
- CalSTRS Client ID or Social Security Number

If you have already been employed to perform creditable service you will have a Client ID in the CalSTRS system, even if you were not formerly a member. You may provide your CalSTRS Client ID, if you have one, in lieu of your Social Security Number.

If you want to elect membership in the CalSTRS Defined Benefit Program:

- Check the appropriate box
- Provide your requested membership date\*
- Sign the form and date your signature
- Return the form to your employer

\*Your membership date can be no earlier than the first day of the pay period in which your election is made, or your first day of employment, whichever is later. Verify with your employer that you are eligible for your requested membership date.

If you do not want to elect membership in the Defined Benefit Program:

- Check the appropriate box
- Sign the form and date your signature
- Return the form to your employer

### **SECTION 3: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)**

Provide the following information:

- The employer (district) name
- County and district code
- Name and title of employer official completing the form

Verify the employee is eligible for the requested membership date.

Sign the form and date your signature.

Submit the form to CalSTRS and retain a copy.

### **SUBMITTING THE FORM**

This form should be submitted to CalSTRS by the employer. CalSTRS must receive this form within 60 days after the employee's signature date and, if applicable, prior to the submission of contributions.

Submit the form by mail, fax or the Secure Employer Website and retain a copy.

Mail to: CalSTRS  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275

Fax to: 916-414-5476

Secure Employer Website: Attach the form to a secure message and submit via SEW

### **QUESTIONS**

Employee – contact your employer.

Employer – contact your CalSTRS Employer Services Representative.

# Permissive Membership

ES 0350 rev 01/19

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program.

### Section 1: Employee Information, Election and/or Certification (to be completed by employee)

NAME (LAST, FIRST, INITIAL)

CALSTRS CLIENT ID OR SOCIAL SECURITY NUMBER

#### CHECK ONE:

- I elect membership in the CalSTRS Defined Benefit Program as of: \_\_\_\_\_  
MEMBERSHIP DATE (MM/DD/YYYY)\*\*\*

I understand this election is irrevocable, applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

- I decline membership in the CalSTRS Defined Benefit Program at this time  
I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.

#### Required Signature

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).



EMPLOYEE'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

### Section 2: Employer Information and Certification (to be completed by employer)

EMPLOYER NAME

COUNTY AND DISTRICT CODE

EMPLOYER OFFICIAL'S NAME AND TITLE

#### Required Signature

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).



EMPLOYER OFFICIAL'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

\*\*\*Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later.



# Retirement System Election

ES 0372 rev 01/19

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

PLEASE READ THE ATTACHED INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THIS FORM. PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

### SECTION 1: MEMBER INFORMATION AND ELECTION (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)

FULL SOCIAL SECURITY NUMBER

A member of **CalSTRS** who becomes employed in a new position by the same or a different school district, a community college district, a county superintendent of schools, limited state employment or the Board of Governors of the California Community Colleges, as defined in Education Code sections 22508 and 22508.5, to perform service that *requires* membership in a different public retirement system will have that service credited with that other public retirement system unless the member files a written election (within 60 days after the date of hire) to have that service covered by CalSTRS, pursuant to Education Code section 22508(a) or 22508.5(a).

I am a member of **CalSTRS** who has accepted employment to perform service that *requires* membership in a different public retirement system and am eligible to elect to continue retirement system coverage under CalSTRS.

I elect coverage in: (please choose one)

- CA State Teachers' Retirement System (CalSTRS)  
 CA Public Employee's Retirement System (CalPERS) \*  
 A Different Public Retirement System identified here: \_\_\_\_\_

OR

A member of **CalPERS** who was employed by a school employer, Board of Governors of the California Community Colleges or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, as defined in Government Code section 20309, and who is subsequently employed to perform creditable service that *requires* membership in the Defined Benefit Program of CalSTRS, will have that service credited with CalSTRS unless the member files a written election (within 60 days after the date of hire) to have the service credited with CalPERS, pursuant to Government Code section 20309.

I am a member of **CalPERS** who has accepted employment to perform service that requires membership in the CalSTRS Defined Benefit Program, and am eligible to elect to continue coverage under CalPERS.

I elect coverage in: (please choose one)

- CA State Teachers' Retirement System (CalSTRS)  
 CA Public Employee's Retirement System (CalPERS) \*

With my signature below, I certify that I have received information from my employer regarding my eligibility to elect membership for this position as described on this form. I fully understand that this election is irrevocable. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.



EMPLOYEE SIGNATURE

DATE

### SECTION 2: EMPLOYER CERTIFICATION (to be completed by employer and County Office of Education)

With my signature below, I certify that I have provided information to the above employee regarding his/her eligibility to elect membership for this position, pursuant to Education Code section 22509. I certify the employee meets the qualifications to make a retirement system election, pursuant to Education Code sections 22508 or 22508.5, or Government Code section 20309.

#### EMPLOYEE POSITION INFORMATION:

POSITION HIRE DATE

POSITION EFFECTIVE DATE

POSITION TITLE

SELECT ONE:

Credentialed

Classified

State Service

#### EMPLOYER INFORMATION:

CO/DIST/STATE DEPT NAME

CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL

DATE

COUNTY OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

\*CalPERS Employer Code:



ES0372

# Retirement System Election – Information and Instructions

The following instructions are to assist you and your employer in completing the *Retirement System Election* form (ES372). Please read the instructions and information for retirement system coverage before completing the form. Please type or print legibly in dark ink.

## INFORMATION

**A member of the CalSTRS Defined Benefit Program** who becomes employed by a school district, a community college district, a county superintendent of schools, limited state departments, or the California Community Colleges Board of Governors to perform service that requires membership in a different public retirement system, may elect to receive credit under the CalSTRS Defined Benefit Program for such service by completing a *Retirement System Election* form (ES372) within 60 days after the hire date *requiring* membership in the other system, and CalSTRS must receive the completed form within 60 days of the signature date. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by the other public retirement system will be reported to that retirement system. (Education Code sections 22508, 22508.5 and 22509)

**A member of CalPERS** who was employed by a school employer, Board of Governors of the California Community Colleges, or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, and who accepts employment to perform creditable service that requires membership by the CalSTRS Defined Benefit Program, may elect to receive credit under CalPERS for such service by submitting a Retirement System Election form (ES372) to CalPERS, within 60 days after the hire date of employment requiring membership in CalSTRS. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code section 20309).

Education Code section 22509 requires that within 10 working days of hire, an employer must provide all employees who have the right to make this election with the information regarding their election rights and must make available written information about the retirement systems to assist the employee in making an election.

## SECTION 1: MEMBER INFORMATION AND ELECTION

Section 1 must be completed by the employee with assistance from the employer. Please complete all entries in Section 1.

**EMPLOYEE NAME and SOCIAL SECURITY NUMBER** – Enter employee's full name, and full Social Security Number.

### RETIREMENT SYSTEM COVERAGE:

If you are a member of CalSTRS and have accepted employment to perform service that requires membership in a different public retirement system, mark the box next to the coverage you elect.

If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, mark the box next to the coverage you elect.

**EMPLOYEE SIGNATURE** – Sign and date the form. By signing this document, you certify that you have received information from your employer regarding your right to the Retirement System Election. You also certify that you understand this election is irrevocable, and that it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS which may result in up to one year in jail and a fine of up to \$5,000. (Education Code section 22010)

Submit the signed and dated *Retirement System Election* form (ES372) to your employer. Retain a copy for your records.

For general membership information, contact CalSTRS by calling 800-228-5453, or write to CalSTRS at P.O. Box 15275, MS 17, Sacramento, CA 95851-0275.

## SECTION 2: EMPLOYER CERTIFICATION

Section 2 must be completed by the employer and the County Office of Education. Please complete the employer certification only after the employee has completed Section 1. Employees must qualify for membership before they can retirement system elect.

### EMPLOYER:

**POSITION HIRE DATE** – Enter the date the employee was hired in the position.

**POSITION EFFECTIVE DATE** – Enter the first date that service was/will be performed by the employee in the new position.

**POSITION TITLE** – Enter employee's new position title and check the box next to the applicable position type.

**CO/DIST CODE/STATE DEPARTMENT** – Enter the appropriate county and district codes. Example: Kern County, Edison Elementary would be 15-012, and CA Department of Education would be 59-174.

**EMPLOYER CERTIFICATION** – Print school or state official's name, title and phone number, and sign and date the form.

Submit the completed form to the County Office of Education.

If you represent a state department, submit the form directly to CalSTRS and send a copy to the other public retirement system.

### COUNTY OFFICE OF EDUCATION:

Print the County official's name, title and phone number, and sign and date the form.

Retain a copy for your and the employee's files.

## SUBMIT THE FORM:

The *Retirement System Election* form (ES372) must be submitted to the retirement system elected by the employee and a copy submitted to the retirement system that would normally cover the service. For additional requirements, please see the Information section.

### Mail completed forms to:

<b>CalSTRS</b>	<b>CalPERS</b>
P.O. Box 15275, MS 17	P.O. Box 942709
Sacramento, CA 95851-0275	Sacramento, CA 94229-2709

**CalSTRS** also accepts the form via fax, at 916-414-5476, or by secure messaging via the Secure Employer Website.