

# Cash Balance Benefit Program Election

CB 533 REV 04/23

[For CalSTRS' Official Use Only]



California State Teachers' Retirement System  
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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

Instructions: 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

Provide either your Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

MAILING ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

HOME TELEPHONE

### Section 2: Election (to be completed by employee)

Complete Section 2.1, 2.2 or 2.3 depending on which section applies to you. If you are unsure or need assistance completing one of these sections, please work with your employer.

#### Section 2.1 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 understand my election is effective the first day of employment in the Cash Balance Benefit Program eligible position, or the date or effective date of my employer's action to provide the Cash Balance Benefit Program, whichever is later.
- 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)\*

\*Effective Date can be no earlier than the first day of the pay period in which this election is made.



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**Section 2.2 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 understand my election is effective the first day creditable service is performed in the eligible position or the date or effective date of my employer’s action to provide the alternative retirement plan, whichever is later.
- 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 2.3 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)\*

\*Effective Date can be no earlier than the first day of the pay period in which this election is made.

**Section 3: Required Signature (to be completed by employee)**

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)
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**Section 4: Employer Information and Certification (to be completed by employer)**

I certify that the employee is eligible for the election and was provided 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)
EMPLOYER NAME	COUNTY AND DISTRICT CODE
EMPLOYER OFFICIAL’S NAME AND TITLE	

## Cash Balance Benefit Program Election - Instructions

### SECTION 1: EMPLOYEE INFORMATION

Provide the following information:

- CalSTRS Client ID or Social Security Number
- Last Name, First Name and Middle Initial
- Mailing Address, City, State and Zip Code
- Date of Birth
- Email Address
- Home Telephone

### SECTION 2: ELECTION (TO BE COMPLETED BY EMPLOYEE)

Complete Section 2.1, 2.2 or 2.3 depending on which section applies to you. If you are unsure or need assistance completing one of these sections, please work with your employer.

#### SECTION 2.1: 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 Cash Balance Benefit Program coverage in lieu of Defined Benefit Program coverage for eligible creditable service performed for an employer that offers the Cash Balance Benefit Program. Your election must be made within 60 days of your date of employment in the Cash Balance Benefit Program eligible position, 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 in the Cash Balance Benefit Program eligible position or the effective date of your employer's action to provide the Cash Balance Benefit 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 2.2: 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 2.3: 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 3: REQUIRED SIGNATURE (TO BE COMPLETED BY EMPLOYEE)

Sign the form and date your signature.

## SECTION 4: 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 Sections 1 through Section 3 are completed, and that 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.

### SUBMIT

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

Secure Employer Website: Send the completed form to the ES Forms Queue found in the Business Areas dropdown of the Recipient via SEW.

Email to: Submit this form via email to the [esforms@calstrs.com](mailto:esforms@calstrs.com) mailbox unless otherwise instructed by your CalSTRS representative. If sending forms to the [esforms@calstrs.com](mailto:esforms@calstrs.com) mailbox, please remove all Social Security numbers and only provide the Client ID where applicable.

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

### QUESTIONS

Employee – contact your employer.

Employer – contact your CalSTRS Employer Services Representative.