LOS ANGELES COMMUNITY COLLEGES
RETIREMENT UNIT
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

RETIREMENT SYSTEM INFORMATION

This form identifies new employee retirement system history and provides new employees retirement system election timelines and requirements. For more information, contact the **RETIREMENT UNIT, DISTRICT OFFICE (213) 891-2371.**

STUDENT EMPLOYEES ARE NOT ELIGIBLE FOR PARTICIPATION IN ANY RETIREMENT SYSTEM. THIS FORM IS TO BE COMPLETED ON THE FIRST DAY OF EMPLOYMENT IN THE NEW POSITION.

1. **PERSONAL INFORMATION:**

_____ _____ _____ _____ _____
Title   Last Name   First Name   Middle Name   Suffix

___ - ___ - ___
_____   _____   _____
Social Security No.   Employee Number   Date of Birth (MM/DD/YYYY)

2. **PREVIOUS/CURRENT RETIREMENT SYSTEM HISTORY**

Are you currently a member or have you ever been a member of either the California State Teachers' Retirement System (CalSTRS) or the California Public Employees' Retirement System (CalPERS)? *Examples: K-12 school district; state university; state agency; fire/police department, etc.*

☐ No   ☐ Yes. Complete the required information below.

A. ***Identify Retirement System:*** ☐ Public Employees' Retirement System (CalPERS)
☐ State Teacher's Retirement System (CalSTRS)

EMPLOYER	EMPLOYED		STILL WORKING	RETIRED, DRAWING PENSION[1]	CONTRIBUTIONS STATUS	
	FULL-TIME	PART-TIME			WITHDRAWN	REMAIN ON ACCOUNT
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
[1] PERS retired members are limited to 960 hours each fiscal year; STRS retired members are subject to the Earnings Limitation rule. This amount changes each fiscal year. Contact the appropriate retirement system for details.						
If necessary, use additional sheets of paper: sign and date the bottom of each additional page.						

B. ***CalPERS Members:*** When you accept employment in a position covered by CalSTRS, you may elect to remain with CalPERS by ***completing and submitting the CalSTRS Retirement System Election form (ES 372) within 60 days of the effective date of employment in the new position.***

3. **RETIREMENT SYSTEM INFORMATION**

▪ ***Contract Faculty and Administrators:*** You are automatically assigned to the CalSTRS Defined Benefit plan. If you are already a CalPERS member and wish to continue coverage under CalPERS please complete the form as specified in Item 2.B. above. Vesting with CalSTRS occurs after five (5) years of service credit as defined by CalSTRS law. You do not contribute to ***Social Security***.

▪ ***Adjunct Faculty:*** You are automatically defaulted into the CalSTRS Cash Balance Program unless you:
1. Are already a member in the CalSTRS Defined Benefit (DB) Program *or*
2. Make an election to one of the programs listed below within 60 days of employment
You do not contribute to Social Security unless you elect to do so below. CalSTRS requires employers to obtain written acknowledgement of your decision. Complete and attach the form identified below.

ELECTION OPTION	COMPLETE FORM
☐ Social Security (www.ssa.gov)	Employee Notification and Election (CB 533)
☐ CalSTRS Defined Benefit (CalSTRS DB) (www.calstrs.com)	Permissive Membership (ES 350)
☐ Public Agency Retirement System (PARS) (www.parsinfo.org)	Employee Notification and Election (CB 533)

4. **CERTIFICATION**

I certify that I have received retirement system information and understand that if I qualify to make a retirement system election, I must submit all required forms to the Retirement Unit, District Office, within 60 days of the effective date of employment in the new position.

_____   _____
Signature   Signature Date

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STATEMENT CONCERNING YOUR EMPLOYMENT IN A
JOB NOT COVERED BY SOCIAL SECURITY

<div style="border:1px solid red">

This form is required for employment in all assignments other than those assignments covered by CalPERS.

DO NOT COMPLETE THIS FORM IF YOU ARE:
- A regular classified staff employee; Regular classified jobs are covered by Social Security.
- A student employee; Student employees are not eligible for participation in any retirement system.

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Read instructions shown below carefully before completing. Please print or type.

1. PERSONAL INFORMATION:

_____	_____	_____	_____	_____
Title	Last Name	First Name	Middle Name	Suff

_____ - _____ - _____

_____	_____	_____
Social Security No.	Employee Number	Date of Birth (MM/DD/YYYY)

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

a. *Windfall Elimination Provision*
Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

b. *Government Pension Offset Provision*
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two thirds of that amount, $400, is used to offset your Social Security or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400 = $100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

c. *For More Information*
Social Security publications and additional information, including information about exceptions to each provision are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

2. CERTIFICATION

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential Social Security benefits.

_____	_____
Signature	Signature Date

<div style="border:1px solid black">

INSTRUCTIONS
- Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004, requires State and local government employers provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. This statement explains how a pension from that job could affect future Social Security.
- Employers are required to submit a copy of the signed form to the pension paying agency.
- Submit completed retirement forms to worksite Personnel Office. The form will be forwarded to the District Retirement Unit.

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RETIREMENT UNIT
DOCUMENTS RECEIVED ACKNOWLEDGEMENT

<div style="color:red; border:1px solid black;">

This form is used to confirm that an employee in a new position has received retirement system-related information. Failure to submit retirement election documents within 60 days of the effective date of employment in the new position may negatively affect your payroll.

THIS FORM IS TO BE COMPLETED ON THE FIRST DAY OF EMPLOYMENT IN THE NEW POSITION.

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RETIREMENT SYSTEM INFORMATION CERTIFICATION

1. **PERSONAL INFORMATION:**

_____ _____   _____   _____   _____
Title   Last Name   First Name   Middle Name   Suffix

-      -
_____   _____   _____
Social Security No.   Employee Number   Date of Birth (MM/DD/YYYY)

2. I acknowledge receipt of:

   ▪ Retirement system information for the new position of _____
   New Position Title
   ▪ Website addresses for accessing additional retirement system information.

3. I acknowledge that, if I am currently a member of CalPERS and I am employed in a new LACCD position that is automatically covered by CalSTRS, I have the option to elect to remain in CalPERS. **I understand that if I wish to exercise this option that I must submit the CalSTRS Retirement System Election Form (ES 372) to the Retirement Unit, District Office within 60 days of the effective date of employment in the new position**.

4. I acknowledge receipt of the following LACCD forms:

   ▪ LACCD Form RU-01, Retirement System Information
   ▪ LACCD Form RU-02, Statement Concerning Your Employment in a Job Not Covered by Social Security

5. I further acknowledge that I have been advised that I must forward the appropriate retirement system election form(s) to the RETIREMENT UNIT, DISTRICT OFFICE within 60 days of the effective date of employment in the new position.

_____   _____
Signature   Signature Date

Forward this form to: **RETIREMENT UNIT, DISTRICT OFFICE, 770 WILSHIRE BOULEVARD, LOS ANGELES, CA 90017**