

CASH BALANCE BENEFIT PROGRAM
CB 1584 (2/08)

EMPLOYEE INFORMATION
(Please Print)

Name _____ Social Security Number _____
Address _____ City _____
State _____ Zip _____ Home Telephone Number _____
School District Name _____

ELIGIBILITY OVERVIEW

As a current CalSTRS Cash Benefit (CB) Program participant, you may be able to opt out of the CB program and choose to participate in Social Security, instead. You are eligible to elect Social Security if your employer began to offer Social Security coverage after offering the CalSTRS CB Benefit Program. Your decision affects your service only with this one employer.

Election Choice

In order to opt out of the CB Benefit Program and become covered by Social Security you must complete this form and return it to your school district. If you do not complete this form you will remain a CB Benefit Program participant.

Check one box:

- I am currently a member of the CalSTRS CB Benefit Program and hereby elect to participate in Social Security for service performed with this employer only.
- I am currently a member of the CalSTRS CB Benefit Program and wish to remain in the CalSTRS CB Benefit Program for service performed with this employer only.

This document must be properly completed and **returned to your district office** within the election period defined by your employer.

Employee Signature

Date

I acknowledge that the signature above is that of a participant of the CalSTRS Cash Balance Program. I have retained a copy of this form in the member's employee file.

Signature of Authorized Employer Representative

Date