



RETIREMENT SYSTEMS OVERVIEW

One of the many benefits of joining the Los Angeles Community College District is that you get to participate in one of our sound retirement systems. Read the information below to identify the retirement system for which you are eligible and to get information on retirement system enrollment.

I. IDENTIFY THE RETIREMENT SYSTEM FOR WHICH YOU ARE ELIGIBLE

Participation in a retirement system is determined by the type of assignment you hold, as defined by statute or by previous membership. The chart below illustrates the retirement system options available, depending upon the types of assignment the employee holds.

If your assignment is:	Your Retirement Option is:	Employee Contribution Percentage	Election Method
Academic Administrator	California State Teacher's Retirement System (CalSTRS) Defined Benefit Plan	8.00%	Automatically assigned to CalSTRS Defined Benefits Plan; No Election Form Required
Contract Faculty	California State Teacher's Retirement System (CalSTRS) Defined Benefit Plan	8.00%	Automatically assigned to CalSTRS Defined Benefits Plan; No Election Form Required
Permanent Classified Service	California Public Retirement System (CalPERS)	7.00%	Automatically assigned to CalPERS; No Election Form Required
Temporary Employee: Adjunct Faculty	<ul style="list-style-type: none"> ▪ Social Security 	6.20%	Employee Election within first 60 days; Employee Notification and Election (CB 533)
	<ul style="list-style-type: none"> ▪ Public Agency Retirement System (PARS) 	3.50%	Employee Election within first 60 days; Employee Notification and Election (CB 533)
	<ul style="list-style-type: none"> ▪ California State Teacher's Retirement System Cash Balance Program 	3.75%	Default after 60 days, if no employee election; Employee Notification and Election (CB 533)
	<ul style="list-style-type: none"> ▪ California State Teacher's Retirement System (CalSTRS) Defined Benefit Plan 	8.00%	Employee Election at any time; Permissive Membership (ES 350)
Temporary Employee: Unclassified or Classified	<ul style="list-style-type: none"> ▪ Under 1000 work hours in fiscal year: Public Agency Retirement System (PARS) 	3.50%	Automatically assigned to PARS; No Election Form Required;
	<ul style="list-style-type: none"> ▪ 1000 work hours or more in fiscal year: California Public Employees' Retirement System (CalPERS) 	7.00%	If employees exceeds 1000 work hours, automatically assignment to CalPERS; No Election Form Required
Temporary Employee: Student Employee	STUDENT EMPLOYEES ARE NOT ELIGIBLE FOR PARTICIPATION IN ANY RETIREMENT SYSTEM.		

II. WHERE TO GET ADDITIONAL RETIREMENT SYSTEM INFORMATION

Follow the links below to get more information about your retirement system.

California State Teacher's Retirement System (CalSTRS) Defined Benefit Plan or Cash Balance Program	www.calstrs.com
California Public Retirement System (CalPERS)	www.calpers.ca.gov
Social Security	www.ssa.gov
Public Agency Retirement System (PARS)	www.parsinfo.org

III. FORMS YOU NEED TO FILL OUT

Form	Date Due	Where to Find Form
LACCD FORMS ▪ LACCD Form RU-01 <i>Academic Service Retirement System Information</i>	First Day of assignment	Retirement System Information
▪ LACCD Form RU-02 <i>Statement Concerning Your Employment in A Job Not Covered by Social Security</i>	First Day of assignment	Job Not Covered by Social Security
▪ LACCD Form RU-03 <i>Retirement Unit Documents Received Acknowledgement</i>	First Day of assignment	Documents Received Acknowledgement
RETIREMENT SYSTEM FORMS ▪ Social Security Election <i>Use Employee Notification and Election form (CB 533)</i>	Employee election within 60 days of the effective date of employment in the new position	Employee Notification and Election (CB 533)
▪ CalSTRS Defined Benefit (CalSTRS DB) <i>Use Permissive Membership form (ES 350)</i>	Adjunct Employee election at any time; Contract Faculty and Academic Administrator default into system with no election form required.	Permissive Membership (ES 350)
▪ Public Agency Retirement System (PARS) <i>Use Employee Notification and Election form (CB 533)</i>	Employee election within 60 days of the effective date of employment in the new position	Employee Notification and Election (CB 533)

IV. THINGS YOU NEED TO KNOW

- **STUDENT EMPLOYEES ARE NOT ELIGIBLE FOR PARTICIPATION IN ANY RETIREMENT SYSTEM.**
- Retirement system election documents must be submitted within 60 days of effective date of employment in the new position.
- Adjunct faculty can permissively elect into the CalSTRS Defined Benefits Plan at any time. [Note: *Election to CalSTRS Defined Benefits Plan is irrevocable.*]
- Vesting in the CalSTRS and CalPERS defined benefit programs occur after five (5) years of credited service. For more information about credited service, email the District Retirement Unit at DORetirementUnit@email.laccd.edu.
- If you have service in another retirement system or a special circumstance, contact the Retirement Unit for other possible retirement options that may be available to you.
- **To enroll in a CalPERS medical plan, you must also be in one of the following retirement systems: CalSTRS (DB or CB plan), PARS, or PERS. If you currently participate in Social Security, you will not be allowed to enroll for CalPERS medical coverage unless you switch to one of the other retirement systems. If you have any question please call Health Benefits at 888-428-2980.**
- Forward all completed retirement election forms to : **RETIREMENT UNIT
DISTRICT OFFICE
770 WILSHIRE BOULEVARD
LOS ANGELES, CALIFORNIA 90017**



RETIREMENT SYSTEM INFORMATION

FORM DESCRIPTION

This form identifies new employee retirement system history and provides new employees retirement system election timelines and requirements. Student Employees are not eligible for participation in any retirement system and should not complete this form.

INSTRUCTIONS

Complete items 1 through 4 below **on the first day of employment in the new position** and forward this form to your worksite Personnel Office.

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 1.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:
 - Are already a CalSTRS member in an existing CalSTRS Defined Benefit (DB) Program or
 - Make an election to one of the programs listed below within 60 days of employment or
 - Are a CalPERS member who elects to continue coverage under CalPERS as specified in Item 1.B. above.
 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
<input type="checkbox"/> Social Security (www.ssa.gov)	Employee Notification and Election (CB 533)
<input type="checkbox"/> CalSTRS Defined Benefit (CalSTRS DB) (www.calstrs.com)	Permissive Membership (ES 350)
<input type="checkbox"/> 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



FORM DESCRIPTION

- This form is required for employment in all assignments other than those assignments that are covered by CalPERS. Regular classified jobs are covered by Social Security; regular classified employees should not complete this form.
- Student employees are not eligible for participation in any retirement system and should not complete this form.
- Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004, requires State and local government employers to 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.

INSTRUCTIONS

Read the form below and complete items 1 and 2 on the first day of employment in the new position. Forward this form to your worksite Personnel Office.

Please print or type.

1. PERSONAL INFORMATION:

Title	Last Name	First Name	Middle Name	Suffix
-	-			
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



DOCUMENTS RECEIVED ACKNOWLEDGEMENT

FORM DESCRIPTION

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. Student Employees are not eligible for participation in any retirement system and should not complete this form.

INSTRUCTIONS

Complete items 1 through 5 below **on the first day of employment in the new position** and forward this form to your worksite Personnel Office.

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