



# San Joaquin County Employees' Retirement Association

6 S. EL DORADO ST, STE 400 STOCKTON, CA 95202-2804 TEL: (209) 468-2163 • FAX: (209) 468-0480

## MEMBERSHIP WAIVER

Please type or print in ink. Please verify any information that is pre-printed and make corrections, if necessary.

EMPLOYEE	First Name		Middle Name	Last Name		
	Mailing Address			CAPS (Employee) ID Number		
	City		State	Zip Code	Date of Birth	
	Home Telephone Number		Work Telephone Number		Social Security Number	
	E-Mail Address			<input type="radio"/> Female <input type="radio"/> Single <input type="radio"/> Male <input type="radio"/> Married		

MEMBERSHIP WAIVER	<p>In accordance with the provisions of the California Government Code 31552 and Section 6.1 (d) of the San Joaquin County Employees' Retirement Association (SJCERA) Bylaws, I hereby make an <b>"irrevocable election"</b> to waive membership in the SJCERA:</p> <p>My effective date of employment / eligibility for membership in the SJCERA _____. (date)</p> <p>My age as of the effective date of employment / eligibility is _____. (Proof of age must be submitted to verify eligibility to make this election.)</p> <p>Section 6.1 (d) of the SJCERA Bylaws states:</p> <p>A person who is first employed in a position requiring membership in SJCERA who is age 60 years or older at the time such employment commences may make an <b>irrevocable election</b> to waive membership. Such election shall be evidenced by the employee's signature on a waiver of membership form provided by SJCERA.</p> <p>I hereby acknowledge that by making this election I forfeit all rights and benefits of membership in the SJCERA that I would otherwise be entitled to as a permanent full-time employee of San Joaquin County or of any District included in the SJCERA.</p> <p>The undersigned hereby swears or affirms that the foregoing statements are true and correct to the best of his or her knowledge.</p> <p>PLEASE SIGN AND DATE THIS FORM AND RETURN TO SJCERA.</p>
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SIGNATURE	Employee Signature	Date	Witness Signature	Date
	Print Employee Name		Print Witness Name	

SJCERA USE ONLY	SJCERA Received: ___/___/___      Received By: _____      Proof of Age Received: ___/___/___
	First Payroll Correct?: ___Yes ___NO Correction sent to SJC Payroll: ___/___/___
	Correction Completed PPEnd: ___/___/___