



PO Box 8556  
 Stockton, CA 95208-0556  
 Telephone: (209) 466-8556  
 E-mail: rpesjc@gmail.com  
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## Enrollment Form / Authorization for Deduction of Dues

I authorize the **San Joaquin County Employees' Retirement Association (SJCERA)** to deduct **\$2.00** from my retirement warrant, due me on each pay date, and to pay said amount to **Retired Public Employees of San Joaquin County (RPESJC)**. I also authorize **SJCERA** to provide future change-of-address and telephone information to **RPESJC**. This authorization is effective upon receipt by **SJCERA** and until cancelled by me in writing or until I am ineligible for a regular retirement warrant.

PLEASE PRINT LEGIBLY			
NAME:	First	MI	Last
			SSN: _____
MAILING ADDRESS:		TELEPHONE:	
		(     )     --	
CITY:	STATE :		ZIP:
SIGNATURE:			DATE:
<b>X</b>			
DEPARTMENT YOU RETIRED FROM:			
BIRTHDATE:		E-MAIL ADDRESS:	
<i>Please check the box to the right if you are enrolling as a qualified beneficiary of a deceased eligible retired County employee per SJCERA.</i>			
NAME OF ELIGIBLE DECEASED EMPLOYEE:		DEPARTMENT EMPLOYEE RETIRED FROM:	
RETIREMENT OFFICE USE ONLY			
DATE PROCESSED:		BY:	

**IMPORTANT:** If you change your name or address, in addition to notifying the retirement office, *please notify RPESJC at PO Box 8556, Stockton, CA 95208-0556, or by e-mail at rpesjc@gmail.com.* This will insure that you continue to receive the **RPESJC** quarterly newsletter, as well as important information about elections and special events. Retain a copy of this form for your records. Thank you, and welcome to **RPESJC!**

**Distribution:**  
**Original:** RPESJC  
**Yellow:** Retirement Office  
**Pink:** Retiree