



MEMBERSHIP WAIVER (AGE 60+)

IMPORTANT: Employees who are age 60 or older when first employed in a position requiring SJCERA membership may use this form to make an irrevocable election to waive SJCERA membership. Fully complete and return this form to **SJCERA at contactus@sjcera.org or 220 E. Channel Street, Stockton, CA 95202.** If an incomplete form is returned, a delay in services may occur.

SECTION 1: MEMBER CONTACT INFORMATION

Full Name: _____ DOB: _____

Last Four SSN: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Department/Employer: _____

Effective Date of Employment (EDE): _____ Age as of EDE: _____

SECTION 2: WAIVER REQUEST

In accordance with the provisions of the California Government Code Section 31552 and Section 6.1 (D)(1) of the SJCERA Bylaws, I hereby make an irrevocable election to waive my membership in the SJCERA. I affirm that I have never been an SJCERA member before, and am/will be age 60 or older as of the date I first become employed in a position requiring SJCERA membership.

By signing and submitting this form, I understand that I am irrevocably electing to waive my SJCERA membership, and I acknowledge that by making this election I forfeit all rights and benefits of membership in SJCERA that I would otherwise have been entitled to as a permanent full-time employee of an SJCERA-covered employee.

The undersigned hereby swears or affirms that the foregoing statements are true and correct to the best of his/her knowledge.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Full Name (Print): _____