RETIREMENT APPLICATION SUPPORTING DOCUMENTS

Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
Tel: (707) 565-8100 / Fax: (707) 565-8102 / www.scretire.org

Please provide the following when applying for retirement. These can be brought to your appointment or you can email them to us at SCERA.MemberServices@sonoma-county.org.

✓ **Retiree age verification:**
Copy of your registered* birth certificate or the front page of your passport (expired passport is acceptable).

✓ **Beneficiary age verification:**
- Copy of registered* birth certificate or passport of your spouse/domestic partner.
- Copy of registered* birth certificate or passport of children under age 18.
- Copy of registered* birth certificate or passport of any person you will name as a beneficiary to receive a continuance upon your death.

✓ **Registered Certificate of Marriage or State Domestic Partnership/Civil Union:**
Copy of registered* certificate of marriage or state domestic partnership/civil union, to determine eligibility for the Unmodified option. You must be married or state registered, for at least one year prior to retirement to be eligible for the unmodified continuance.

✓ **Social Security card for verification of legal name for tax purposes:**
- Copy of your social security card.
- Copy of your beneficiary(ies) social security card.

✓ **Direct Deposit Authorization:**
Please complete and submit with a void blank check for checking account deposit, or a savings institution verification of complete account number and signatory name for a savings account direct deposit.

✓ **Tax Withholding Election** (open links and print forms)**:**
PO Boxes cannot be used on tax forms. Please use your physical address.
- Federal Form W-4P / Federal Tax Tables: All retirees
- State Form DE 4P / State Tax Tables: California residents only

✓ **Retiree Medical Insurance Information and Disclosure Authorization** (open link and print)**:**
This form is required to be completed and returned in order to determine your retiree health benefits eligibility.
- Disclosure Authorization: County retirees only

* Birth, marriage, domestic partnership, and civil union certificates must be registered with the County Clerk or State in order to be accepted. Marriage licenses, Souvenir or hospital certificates will not be accepted.

TAX FORM INSTRUCTIONS

You should always submit a signed tax form to SCERA so that we know what, if anything, to withhold for you and your specific situation. If no form is submitted or the form is incorrect, we withhold at the required rate per California and the IRS. SCERA is unable to withhold taxes for any other state.

California: Single 0 **IRS:** Single 0

Federal Tax Form Instructions:

A. For no withholding:

Must write "No Withholding" in the space below Step 4(c). Then, **ONLY** complete Steps 1a and 1b. **If you complete step 1c, the form must be corrected.**

B. To have taxes withheld using your filing status and 0:

You must complete all of step 1.

C. To have taxes withheld using steps 2-4:

You must complete all of step 1 and the following steps as applicable.

1. Step 2 – Part b
   You must fill in (i) or (ii). Item (iii) must have the TOTAL populated. **If you leave any of these lines blank, your form must be corrected.**

2. Step 3
   If completed, all of the lines must be populated and the TOTAL line must be completed. **If you leave any of these lines blank, your form must be corrected.**

3. Step 4
   This step is optional and each line is not required. Complete only those that apply.

California State Tax Form Instructions:

A. For no withholding:

1. Must complete personal information.

2. You must mark the box on line 1. You **CANNOT** complete items 2-4. **If you populate lines 2-4, your form must be corrected.**

B. To have taxes withheld:

1. Must complete personal information and line 2a must be completed.

2. Mark O**NLY** one filing status. Single or Married; Married; Head of Household

3. Line 3 and 4 is optional, but should include a 0 if not electing a dollar amount.

APPLICATION FOR SERVICE RETIREMENT

Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403-1069
Tel: (707) 565-8100 / Fax: (707) 565-8102 / www.scretire.org

I hereby apply for a service retirement to the **Sonoma County Employees' Retirement Association** in accordance with the provisions of the **County Employees' Retirement Act of 1937** and the Bylaws and regulations governing the Retirement System.

For an explanation of the numbered items below, please see page 2. Please type or print clearly.

NAME: _____ SSN: _____ DOB: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Your signature on this form authorizes SCERA to update our records with the mailing address above.

CELL PHONE: _____ HOME PHONE: _____

PERSONAL EMAIL: _____

DEPARTMENT: _____ JOB TITLE: _____

LAST DAY OF EMPLOYEMENT[1]: _____ EFFECTIVE RETIREMENT DATE[2]: _____

CURRENTLY MARRIED OR IN A REGISTERED DOMESTIC PARTNERSHIP[3]: ☐ YES ☐ NO

RECIPROCITY WITH ANOTHER SYSTEM(S)[4]: ☐ YES ☐ NO

IF YES, SYSTEM NAME(S): _____

_____

_____

I have read and understand the explanations on page 2 of this form. I have also read the restrictions on my returning to work for a SCERA employer as explained on the ***Separation from Service Following Retirement Summary*** and understand my obligation to ensure any return to work as described complies with retirement and tax law. Additionally, I certify that I have no agreement or understanding to return to work for a SCERA employer. I understand if I violate these restrictions my retirement benefits can be discontinued, and there may be other legal consequences. I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

APPLICANT SIGNATURE: _____ DATE: _____

A handwritten signature is required. Digital or electronic signatures will not be accepted.

Your current named beneficiary[5] will remain your beneficiary in retirement. If you wish to change you beneficiary, please contact SCERA.

Your completed application can be submitted no earlier than 60 days before, but no later than the day of your retirement. SCERA cannot accept a back-dated application.

Explanation of Terms Used

1 – Last Day of Employment
This date is your last day in pay status, where you are at work, on vacation, or a regular day off, or on sick leave. Typically, this day is the last day of the pay period.

2 – Effective Date of Retirement
This is the day following your last day in paid status, and you first day as a retiree. Typically, this day is the first day of a new pay period. SCERA cannot accept a back-dated application.

3 – Marital Status or Registered Domestic Partnership
If you choose the Unmodified Benefit Payment Option, a surviving, qualified spouse or registered domestic partner may be entitled to a continued benefit after your death, as described on the ***Benefit Payment Options*** form.

4 – Reciprocity
Mark "Yes" only if you have established reciprocity with another California public retirement system.

To maintain the reciprocal benefits, you must retire on the same date from each system by submitting a retirement application to each system.

5 – Beneficiary
Your designated beneficiary will be the person who will receive a continuance after your death or person or persons who will receive any remaining contributions after your death. Please see SCERA's ***Benefit Payment Options*** form for additional information.

SEPARATION FROM SERVICE FOLLOWING RETIREMENT SUMMARY

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If you return to work, either as an employee or an independent contractor, for a SCERA-covered employer following your retirement from SCERA, you and the employer need to ensure your return to work complies with retirement and tax law during the entire course of your employment. California retirement law and federal tax law provide specific return to work restrictions and consequences for retirees who return to work in the same public retirement system from which they receive a benefit. Strict penalties may be imposed on a retiree who does not satisfy these requirements. The following is a summary of those restrictions.

All Members

- 960 Hour Limit: Following any required break in service, retirees may continue to receive their retirement benefit if their extra help employment with a SCERA-covered employer is limited to 960 hours per fiscal year (July 1 to June 30).
- Return to Work after Receiving Unemployment Insurance: A California public agency is prohibited from appointing a retiree if, during the 12-month period before an appointment, the retiree received unemployment arising out of California public employment.
- All members must have a **180-day**[1] break in service. This restriction may be waived by the Board of Supervisors (or governing body) following your retirement date if you have special skills needed to perform work of a limited duration. If this requirement is not met, there is a plan violation and your retirement benefit payment will be suspended, and benefits already paid must be repaid, until there is a 180-day break in service.
- All members under the age of **59 ½** cannot have an agreement or understanding prior to retirement regarding your return to work.

General Members with a retirement age of 58 to 59½ or Safety Members with a retirement age of 50 to 59½

- **180-day**[1] break in service as described above.
- **60-day**[2] break in service following retirement, which cannot be waived.
- If the **60-day**[2] requirement is not met, pension payments are subject to a 10% early distribution penalty by the Internal Revenue Service (IRS) and are subject to state tax penalties until the requirement is met. The retiree is responsible for paying these penalties.

General Members with a retirement age less than 58 or Safety Members with a retirement age less than 50

- **180-day**[1] break in service as described above.
- **60-day**[2] break in service, which cannot be waived.
- If the **60-day**[2] requirement is not met pension payments are subject to early distribution tax penalties, as noted above, and there is a plan violation and benefits will be suspended, and benefits already paid must be repaid, until there is a 60-day break in service.

This Summary was prepared to help retirees understand issues surrounding return to work for a SCERA-covered employer. The information is necessarily general and not exhaustive and SCERA encourages any retiree seeking to return to work as an independent contractor or employee of a SCERA-covered employer to discuss these requirements with the proposed employer. You should not rely solely on the information contained in this Summary. SCERA cannot provide tax advice. If you have tax questions, you may want to seek the advice of a tax professional. If there is any discrepancy between information in this Summary and legal requirements under State or Federal law, the law will govern.

[1]For the **180-day** break in service, the following classifications are considered **Safety**: Firefighter or positions that qualify as a "Public Safety Officer" pursuant to Government Code section 3301 (which includes Deputy Sheriff, Correctional Deputy, Welfare Fraud Investigator, DA Investigator, and Probation Officer). All other classifications, including Human Services Juvenile Correctional Counselors, are considered **General**. Note: this is different than the SCERA plan classifications.

[2]For the **60-day** break in service, General and Safety designations follow SCERA's plan classifications.

BENEFIT PAYMENT OPTIONS

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At the time you retire, you will make an irrevocable election of one of the following benefit payment options. The various options determine the amount of your benefit during your lifetime and whether any benefits will be payable to your beneficiary upon your death. You may not change your option choice after retirement, even if your life situation changes.

Option	Member Benefit	Eligible Beneficiary	Survivor Benefit[1]	Beneficiary Changes Allowed?
Unmodified	Highest benefit available	Eligible spouse or state registered domestic partner[2]	60% continuance of member's benefit for life	No
		Minor child(ren)[3]	60% continuance of member's benefit until child reaches majority	No
		Any named beneficiary(ies)	Lump-sum payout of remaining contributions and interest, if any contributions remain	Yes
Option 1	Reduced benefit	Any named beneficiary(ies)	Lump-sum payout of remaining contributions and interest, if any contributions remain	Yes
Option 2	Most reduced benefit	Any named beneficiary[4]	100% continuance of the member's reduced benefit for lifetime of beneficiary	No
Option 3	Reduced benefit	Any named beneficiary	50% continuance of the member's reduced benefit for lifetime of beneficiary	No
Option 4	Reduced benefit	Any named beneficiary(ies)	May designate a specific percentage of lifetime continuance to be paid to each of your beneficiary(ies). Costs associated with calculating the benefit will be borne by the member.	No

[1]A continuance terminates upon the death of the eligible surviving spouse, state registered domestic partner, or named beneficiary. Surviving minor children are eligible for a continuance only when there is no surviving spouse or state registered domestic partner, and continue until the child is no longer eligible. Lump sum payments are only in the amount of the member's remaining contributions and interest at the time of the member's death.

[2]Married or state registered domestic partners for at least one year prior to your retirement date.

[3]Under the age of 18, or under the age of 22 if unmarried and in school full time.

[4]The Internal Revenue Code (IRC) limits the percent of continuance that can be paid to a non-spouse beneficiary under Option 2. The percent allowed depends on your age at retirement, and the adjusted age difference between you and your beneficiary. The difference between the IRC limit and 100% is converted to a present value lump sum at the time of your death and is paid in a lump sum to your sole beneficiary.

DIRECT DEPOSIT AUTHORIZATION

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☐ New Direct Deposit Enrollment ☐ Update **All** Existing Direct Deposit ☐ Stop **All** Direct Deposit

Primary Account ☐ Checking ☐ Savings

Bank Name _____

(Deposit amount will be your entire payment or remaining amount after Second Account Deposit Amount)

Second Account (Flat Amount) - Optional ☐ Checking ☐ Savings

Bank Name _____

☐ Flat Deposit Amount $_____ ☐ Stop Only Second Account Deposit

Required Supporting Documentation for All Accounts
Bank Routing Number and Bank Account Number

Please attach a voided check that has the bank routing number and account number pre-printed (do not attach a deposit slip) or a letter on your bank's letterhead that includes your pre-printed bank routing number and account number. We cannot process your request without the required information.

- **For more information about direct deposit, go to scretire.org.**
- **Pursuant to Federal and State Law, SCERA will only process Direct Deposit to U.S. banks, savings and loan institutions, or credit unions who accept Automatic Clearing House (ACH). Direct Deposits may only be credited to the account of a retired member or survivor of a deceased retired member.**
- **Any changes to your primary account will void your existing second account election. Please submit required documentation to enroll/re-enroll a second account.**
- **By signing below, I represent, under penalty of law, that I am an owner of the account(s) designated for receipt of payment by direct deposit and I hereby authorize the Sonoma County Employees' Retirement Association (SCERA) to make payments of my net earnings by initiating credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the above bank account(s) and the depositories as shown.**

  Further, I understand and agree that SCERA may stop direct deposits if I fail to keep SCERA informed of my current address.

_____ XXX-XX- _____

Print Name SSN last 4 digits

_____ _____ _____ _____

Signature Date Signed Home Phone Cell Phone