

CalPERS “Classic” Eligibility Form

For new hires into the Police and Fire Department Retirement Plan as of March 31, 2017 and into the Federated City Employees’ Retirement System as of June 16, 2017. Please indicate if you are eligible for the CalPERS “Classic” benefit because of your previous service with a CalPERS or a reciprocal agency, please read below and mark the CalPERS “Classic” box. If you do not have eligible service in CalPERS or a reciprocal agency, please mark the City of San Jose Non CalPERS “Classic” box.

Member Name (Last, First, Middle Initial)	Employer Section	
Mailing Address		Department
City, State, Zip		Employee ID
Phone: Home or Cell ()		
Social Security Number		

Please read the following information and choose the option that reflects your situation:

- CalPERS “Classic”:** I have previously been a member of a CalPERS or reciprocal agency and qualify for the CalPERS “Classic” benefit. I understand that this means that **I was employed by a CalPERS or other reciprocal agency before January 1, 2013**, and I do not have a break in service of more than six (6) months and do NOT have concurrent service (overlapping service). I understand that I will be placed in the Tier 1 “Classic” pension benefit and that the accrual rate is 2.5% per year of City service multiplied by final compensation with a maximum of 75%. I understand that I must attain the required age of retirement and vested service to qualify for service retirement under the applicable City retirement plan, i.e., 1975 Federated Employees’ Retirement Plan or 1961 Police and Fire Department Retirement Plan. I understand that I nor my spouse or dependents will be eligible for retiree health benefits. I also understand that this means that at my previous agency I was in a position that received retirement benefits. I acknowledge that my previous service must be verified, and in the event that I am found to not be eligible for the CalPERS “Classic” benefit, I will be placed into Tier 2. I understand that I have **thirty (30) days** to submit any eligibility documentation including the CalPERS Reciprocity Election Form attached to this form.
- Non CalPERS “Classic”:** I do not qualify for the CalPERS “Classic” benefit due to one or more of the following reasons:
 - I have never been employed by a CalPERS or reciprocal agency
 - I was hired after January 1, 2013 into a CalPERS or reciprocal agency
 - I had a break in service of more than six (6) months from my CalPERS or reciprocal agency
 - I had concurrent (overlapping) service with my CalPERS or reciprocal agency employment and my employment with the City of San Jose
 - I was previously employed by the City of San Jose in Tier 1 and did not take a return of contributions

I understand that I do not qualify for the CalPERS “Classic” benefit and that I will be placed into Tier 1 (if I am a qualified rehire) or Tier 2.


I acknowledge that this form has been filled out based on my individual circumstances. I understand that if I marked the CalPERS “Classic” box, my retirement tier may change based on the verification received by the City’s Office of Retirement Services and that it may differ from what I have chosen above. I understand that if I am moved into a different retirement tier based on the verification of my previous service that I will be responsible for any differences in the employee contribution rate that may result from that move, including any unfunded liability created as a result of this change. If I do not claim and retire with reciprocity thereby breaking reciprocity before retirement, I acknowledge that my retirement benefit will be calculated only on my service with the City of San Jose. I authorize a payroll deduction in the full amount I owe due to any adjustment made to my benefit level. This amount will be deducted in increments, over a period of time of up to a six months, beginning the first pay period following the adjustment. With these understandings, I voluntarily sign this form.

Signed:

Received by:

Employee Date

Name Date

 <p>CITY OF SAN JOSE CAPITAL OF SILICON VALLEY OFFICE OF RETIREMENT SERVICES</p>	<p>Title</p> <p>RECIPROCITY ELECTION FORM – CITY OF SAN JOSE</p>	<p>Document No.</p> <p>Form RP- 8</p>	<p>Rev.</p> <p>4/22/15</p>	<p>Page</p> <p>1 of 1</p>
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You can claim Reciprocity any time prior to your retirement. Please note that to be eligible for reciprocal benefits you must retire concurrently. Many systems now have new Retirement Tiers with varying age requirements. Please consider this before claiming Reciprocity. Also, note that the election to leave money on deposit due to Reciprocity is irrevocable while membership in the reciprocal system continues.

I hereby request Reciprocity between the following agency and the City of San José.

PERS/Reciprocal

Agency: _____

Address: _____

Police member _____ Fire member _____ Federated member _____

Please note that in order to establish Reciprocity, you must not have concurrent service in two reciprocal retirement systems. In addition, your transfer between systems must have occurred within 6 months. If your transfer was before January 1, 1976, then the transfer must have occurred within 90 days.

At this point, eligibility for Reciprocity is preliminary. Final eligibility is determined at time of retirement. Note that once Reciprocity is claimed, you may not withdraw your retirement contributions.

Please complete and return this form to:

Office of Retirement Services
1737 N. First St. Suite 600
San José, CA. 95112-4505

Print Name: _____ Phone#: _____

Social Security#: _____

E-mail address: _____

Signature: _____

Date: _____