



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

RETIREMENT SYSTEM PARTICIPATION WAIVER EXEMPT ONLY

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	Date of Birth
Position No.	Job Title	Department	Hire Date

Under the provisions of the County Employee's Retirement Law of 1937, all employees in regular positions who are scheduled to work for a minimum of 40 hours per pay period shall become members of the San Bernardino County Employees' Retirement Association (SBCERA) with the exception of employees first hired at age 60 or over.

Employees first hired at age 60 or over may choose not to become a member of SBCERA at the time of hire.

I hereby elect to waive enrollment in SBCERA as I was hired as a San Bernardino County employee at age 60 or over

As a result of your waiver you are required to enroll in the County's 401(k) plan and must complete a 401(k)/60+ Waiver EZ Enrollment Form. The County will contribute the applicable percent of the employee's biweekly salary as defined in the Exempt Group Working Conditions Ordinance, and the employee shall contribute a minimum of 3% of biweekly salary to the plan, not to exceed the IRS annual limits.

I have read and understand the conditions stated above

Employee Signature	Date
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This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

Payroll Specialist (Print & Sign)	Telephone	Date
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DISTRIBUTION: Original - EMACS-HR (0030)
Copy - Department

Office Use Only	
Keyed By (Employee ID)	Date



PARTICIPANT INFORMATION

Name, Pre-Tax Deferral Amount, Roth Deferral Amount, Address, Social Security Number, Date of Birth, Dept, Employee #, Gender, Date of Hire, Email

EMPLOYEE AGREEMENT TO PARTICIPATE IN THE COUNTY OF SAN BERNARDINO 401k PLAN

The employer and employee agree to the following:

- 1. Employee has received information outlining the terms of the Plan.
2. The maximum amount that may be deferred under the Plan for the current year is generally the lesser of 100% of compensation or the applicable IRS annual dollar limit.
3. Employee understands he or she is electing to utilize the San Bernardino County EZ Enrollment / Participation process...

Table with columns: Your Date of Birth, Fund #, Fund Name. Lists Vanguard Target Retirement Income Trust I CIT and various Vanguard Target Retirement 2020-2070 Trust I CIT options.

This agreement will be effective the first full payroll period of the month following the date this form is received and processed by the Employee Benefits and Services Division.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the 401k Plan. Percentages must total 100%. If your spouse is not designated as your sole primary beneficiary, your spouse must consent to your designation by completing a spousal consent form.

Table with columns: Complete Legal Name, Address and Phone #, Relationship, SSN, Date of Birth, Primary, Contingent, %. Includes checkboxes for Primary and Contingent.

SIGNATURE OF EMPLOYEE, DATE, WORK PHONE, HOME PHONE

EMPLOYEE BENEFITS AUTHORIZATION DATE

Fax, E-mail or Mail form to: San Bernardino County HR - Employee Benefits and Services, 175 W. 5th Street, First Floor San Bernardino, CA 92415-0440 Fax: 909-387-5566, E-mail: SalarySavings@hr.sbcounty.gov, Interoffice: EBSD-0440

TO TRANSFER/CHANGE INVESTMENTS CALL 1-800-584-6001 OR VISIT http://cosb.beready2retire.com