



Post Retirement Employment Verification Form

Section 1

Information

| | | |
|-------------------------------|----------------------|---------------------|
| Last Name | First Name | Middle Init. |
| | | |
| Social Security Number | Date of Birth | |
| | | |

Section 2

Employment

Failure to follow proper procedures may lead to a suspension of your monthly benefits or retroactive collection.

In January 2015 the SBCERA Board of Retirement adopted a [policy](#) that allows SBCERA to monitor SBCERA retirees who return to work for an SBCERA-covered employer in order to ensure that benefits are paid to re-employed retirees when, and only when, such payments comply with the law. When re-employment violates applicable limits, proper action must be taken. Subject to Board action, this may include, but is not limited to, reinstatement to active membership, suspension of benefits, recovery of improperly paid benefits and the collection of contributions owed.

Have you previously been employed with a public agency in California (e.g., city, county, school district, or state) that is an [SBCERA participating employer](#)?

Yes (If selected, proceed to **Section 3**)

No (If selected, proceed to **Section 4**)

Section 3

SBCERA

You must be authorized to return by SBCERA.

A. Are you currently receiving retirement benefits from SBCERA?

Yes (If selected, proceed to question **B**)

No (If selected, proceed to **Section 4**)

B. Have you completed a Returning Retiree Certification with SBCERA?

Yes (If selected, proceed to question **C**)

No (If selected, the preemployment process will be stopped.

Contact EBSD at (909) 387-5787 or go to the website by clicking [here.](#))



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C. Has SBCERA approved reemployment?

Yes

No (If selected, you will not be able to start until reemployment is approved)

Section 4

Please read and initial

Prevents retirees from receiving both SBCERA benefits and employment compensation from the same system.

Government Code section 7522.56 provides specific employment restrictions for retirees who return to work with an employer in the same public retirement system from which they receive a benefit. These restrictions are intended to prevent the “double-dipping” of a retiree receiving a monthly SBCERA retirement benefit while also receiving compensation for employment with an SBCERA-covered employer.

All SBCERA retirees returning to work in any capacity must be authorized by SBCERA using the Returning Retiree Certification form.

If you are an SBCERA member and you begin to collect retirement benefits at any point during your employment with San Bernardino County, you must stop work immediately. If you wish to continue your employment with the County while receiving SBCERA retirement benefits, you must complete a Returning Retiree Certification form and receive SBCERA approval before returning to work.

To learn more about post-retirement employment and how it may impact your retirement benefits, please visit <https://www.sbcera.org/post-retirement-employment>.

I acknowledge and understand _____
Initials

Section 5

Signature

This form will be rejected if this section is left incomplete.

I hereby certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this form will be grounds for rejection of my conditional offer of employment or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

| Print and Sign | Date |
|----------------|------|
| | |

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.