



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

RETIREMENT SYSTEM PARTICIPATION WAIVER

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 into the PST Deferred Compensation Plan and must complete a PST Deferred Compensation Plan Participation Agreement.

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
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