



## **RETIREMENT SYSTEM ELECTION**

**Read the attached instructions and information for retirement system coverage before completing the Retirement System Election. Keep a copy of the instructions and information sheet for your records. Please use a black ink pen or typewriter when completing the application.**

**TELEPHONE NUMBERS:**

TOLL FREE 1-800-228-5453  
OR (916) 229-3570  
TDD Hearing Impaired  
(916) 229-3541

**MAILING ADDRESS:**

CalSTRS  
MAIL STATION #16  
P.O. BOX 15275  
SACRAMENTO, CA 95851-0275

## **INSTRUCTIONS AND INFORMATION FOR RETIREMENT SYSTEM ELECTION**

The following instructions are to assist you and your employer in completing the Retirement System Election (Form # ES 372). The first section of the form must be completed by you with assistance from your employer. Please complete all entries above the Employer Certification section.

### **EMPLOYEE INSTRUCTIONS**

- I. Press firmly and print clearly with **DARK INK**, or type all information requested. Do not use light colors of ink, pencil, felt pen, or erasable ink.
- II. If you should make a mistake on the Retirement System Election form, line through the error and initial.
- III. Enter your full name, Social Security Number, effective date of the change in employment status and position type.
- IV. **EFFECTIVE DATE** is the first date that service was or will be performed in the new position.
- V. **RETIREMENT SYSTEM COVERAGE** If you are a member of CalSTRS and have accepted employment to perform service that requires membership in CalPERS, enter an "X" in the box next to the coverage you elect. If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, enter an "X" in the box next to the coverage you elect. If you are not mandated to be covered by CalPERS or CalSTRS, and do not wish to be covered by either system, enter an "X" in the box "I decline membership in both CalPERS and CalSTRS. I am participating in" Fill in the box with the alternative chosen.
- VI. **EMPLOYEE SIGNATURE** sign and date the Retirement System Election form.
- VII. **SUBMIT** the Retirement System Election form to your employer. Retain a copy for your records.

For further information, you may contact our office at **(916) 229-3570**, toll Free **1-800-228-5453**, TDD for the Hearing Impaired **(916) 229-3541** or by writing us at the address on cover page.

Should you find it necessary to contact us, your correspondence should include your Social Security number, full name, address, and daytime telephone number.

### **EMPLOYER INSTRUCTIONS**

Please complete the EMPLOYER CERTIFICATION only after the employee has completed the required employee information.

CO/DIST CODE/STATE DEPARTMENT – Enter the appropriate county and district codes. Example: Kern County, Edison Elementary would be 15-012, CA Department of Education 59-174.

EMPLOYER CERTIFICATION – Print official's name and title, sign and date the Retirement System Election form.

SUBMIT the completed Retirement System Election form to the County Office of Education or if you represent a state department send it directly to CalSTRS and send a copy to CalPERS.

### **COUNTY OFFICE OF EDUCATION**

Review, sign and date the Retirement System Election.

Mail the original Retirement System Election to the retirement system elected by the employee, and a copy to the retirement system that would normally cover the service. Provide copies for the employer, employee and employee's file.

## INFORMATION

A member of the CalSTRS Defined Benefit Plan who becomes employed by a school district, a community college district, a county superintendent of schools or limited state departments to perform service that requires coverage by the California Public Employees' Retirement System (CalPERS) [22508(a)] may elect to receive credit under the CalSTRS Defined Benefit Program for such service by submitting a Retirement System Election form to CalSTRS, within 60 days of the effective date of employment in the position requiring membership in the other system. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by CalPERS will be reported to that retirement system. (Education Code 22508)

A member of CalPERS who was employed by a school employer, Board of Governors of California Community Colleges, or State Department of Education or has at least five years of CalPERS credited service and who accepts employment to perform creditable service that requires coverage by the CalSTRS Defined Benefit Program [20309 (a)], may elect to receive credit under CalPERS for such service by submitting a Retirement System Election form to CalPERS, within 60 days of the effective date of employment in the position requiring membership in the other system. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code 20309)



**RETIREMENT SYSTEM ELECTION  
 ES 372 (09/08)**

<b>PLEASE READ THE ATTACHED INSTRUCTIONS          BEFORE COMPLETING THIS FORM          PLEASE TYPE OR PRINT LEGIBLY IN DARK INK</b>	<b>CalSTRS USE ONLY</b>
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**TO BE COMPLETED BY EMPLOYEE**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

EFFECTIVE DATE (Mo/Day/Yr)		POSITION TITLE <input type="checkbox"/> Credentialed <input type="checkbox"/> Classified <input type="checkbox"/> State Service
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Employment in the California public school system is generally subject to coverage by either the California State Teachers' Retirement System (CalSTRS) or the California Public Employees' Retirement System (CalPERS). Employment in a position to perform "**creditable service**," as defined in Education Code Section 22119.5, is usually credited in CalSTRS, while **classified** (non-certificated) employment is usually credited in CalPERS.

A member of CalSTRS who becomes employed by the same or a different school district, a community college district, a county superintendent of schools or limited state employment to perform service that requires membership in CalPERS will have that service credited with CalPERS unless he/she files a written election (within 60 days from the date of hire in the new position) to have the service credited with CalSTRS.

A member of CalPERS who is employed by a school employer, Board of Governors of Community College Districts or State Department of Education or has at least five years of CalPERS credited service, as defined in Government Code Section 20309, and who subsequently becomes employed to perform creditable service that requires membership in CalSTRS, will have that service credited with CalSTRS unless he/she files a written election (within 60 days of the date of hire in the new position) to have the service credited with CalPERS.

**You are a member of CalSTRS** who has accepted employment to perform service that requires membership in CalPERS but you may elect to continue retirement system coverage under CalSTRS. Please enter an "X" in the box next to the coverage you elect.

CALIF STATE TEACHERS' RETIREMENT SYSTEM

CALIF PUBLIC EMPLOYEES' RETIREMENT SYSTEM \*

**OR**

**You are a member of CalPERS** who has accepted employment to perform service that requires membership in CalSTRS but you may elect to continue coverage under CalPERS. Please enter an "X" in the box next to the coverage you elect.

CALIF PUBLIC EMPLOYEES' RETIREMENT SYSTEM \*

CALIF STATE TEACHERS' RETIREMENT SYSTEM

**I decline membership in both CalPERS and CalSTRS. I am participating in** \_\_\_\_\_

*I fully understand that this election is irrevocable for this employer.*

EMPLOYEE SIGNATURE	DATE

**EMPLOYER CERTIFICATION**

I have provided the employee with a copy of *Join CalSTRS? Join CalPERS?* and certify that the employee meets the qualifications to make a retirement system election.

CO/DIST/STATE DEPT NAME	CO/DIST CODE OR STATE DEPT
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SCHOOL/STATE OFFICIAL'S NAME	TITLE
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SIGNATURE OF SCHOOL/STATE OFFICIAL	DATE

COUNTY OFFICIAL'S NAME	TITLE
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SIGNATURE OF COUNTY OFFICIAL	DATE

\*CalPERS Employer Code: \_\_\_\_\_