



**Los Rios Community College District
Retirement Plan Participation Information form
(for CalSTRS Creditable positions)**

The information requested below will be used to determine if your wages should be subject to Social Security/Medicare withholding or withholding for Medicare and the California State Teachers' Retirement System (CalSTRS).

Name: _____ Employee ID: _____

1. Are you now, or have you ever been a member of CalSTRS? Yes; or, No
- 1.2 If "yes", is/was your membership Cash Balance (CB) or Defined Benefit (DB)? CB; or, DB
 (i.e., Cash Balance is *usually* voluntary, similar to a 401K/403B; Defined Benefit is the "normal" CalSTRS retirement plan which is typically mandatory for full-time faculty members in the K-14 system)

Please go directly to the questions in the box below if you are currently retired from CalSTRS and receiving a monthly pension.

2. If your answer to question #1 is "yes"; **AND**, if your membership is/was Defined Benefit (DB), are you currently an active member of CalSTRS? Yes; I still have funds on deposit with CalSTRS, in their DB program and I am not retired from their retirement system; or, No; I received a refund of all contributions and closed my DB account.
- 2.2 If a refund was received, what was the approximate date? _____

Complete this section ONLY if you have ALREADY retired from CalSTRS or the Public Employees' Retirement System (CalPERS); please note, "retired" refers to receiving a monthly pension.

I am currently receiving retirement benefits from: CalSTRS, CalPERS; or, Both (reciprocity)
 Was the position from which you retired considered to be "Classified" service or "Certificated" service? Classified, Certificated; or, I'm not sure

If you are receiving retirement benefits from CalSTRS, wages earned from CalSTRS creditable positions are NOT subject to Social Security withholding but are subject to Medicare withholding

Please Note: Both CalSTRS and CalPERS retirees have earnings limitations. It is the responsibility of the employee to know and understand the annual earnings limitations, if applicable. For additional information, please visit the CalSTRS and/or CalPERS websites for additional information: <http://www.calstrs.com/> or <http://www.calpers.ca.gov/>

Please read the information below before signing this form:

- I certify that the above information is true and correct to the best of my knowledge.
- I understand that any incorrect information on this form may lead to future payroll adjustments to collect/deduct CalPERS/CalSTRS contributions and/or Social Security withholding.
- I understand that I have the right to elect membership in CalSTRS at any time while I am performing creditable CalSTRS service (contact your Human Resources Specialist if and/or when you chose to elect CalSTRS membership).
- I understand that if I am already a member of CalPERS, that I **may** have the option of electing to have CalPERS contributions withheld from wages earned through LRCCD.
- I further understand that it is my responsibility to notify my Human Resources Specialist if and/or when my retirement status changes (i.e., elect CalSTRS/CalPERS membership through another District, Retire from CalSTRS/CalPERS, Request a refund of my contributions, etc.)

Signature: _____ Date: _____

Please contact your H.R. Specialist if you have any questions. If your last name begins with the letters A – G, please call 916-568-3119; H – Pa call 916-568-3148 and Pb – Z call 916-568-3172.