



MEMBER ENROLLMENT FORM

EMPLOYEE ID: \_\_\_\_\_

Type or print in ink.

COPY OF CERTIFIED BIRTH & MARRIAGE/REGISTERED DOMESTIC PARTNERSHIP CERTIFICATES ARE REQUIRED WITH THIS DOCUMENT

SECTION 1: TO BE COMPLETED BY MEMBER (EMPLOYEE)

Form with fields for: FIRST NAME, MI, LAST NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, MAILING ADDRESS, CITY, STATE, ZIP CODE, HOME ADDRESS, HOME PHONE, CELL PHONE, EMAIL ADDRESS, MARITAL STATUS, GENDER, PLACE OF BIRTH.

SECTION 2: RECIPROCITY – TO BE COMPLETED BY MEMBER (EMPLOYEE)

Have you ever been employed full-time by a StanCERA Participating employer? [ ] Yes [ ] No
[ ] City of Ceres [ ] East Side Mosquito Abatement District [ ] Hills Ferry Cemetery District [ ] Keyes Community Services District
[ ] Salida Sanitary District [ ] Stanislaus Council of Governments [ ] Stanislaus County [ ] Superior Court
[ ] Stanislaus Regional Transit Authority

Name used: \_\_\_\_\_ Dates: \_\_\_\_\_

Have you been employed by a California Governmental entity within last six months? [ ] Yes [ ] No

Was previous membership prior to January 1, 2013? [ ] Yes [ ] No

Previous Employer: \_\_\_\_\_ Retirement System: \_\_\_\_\_

Are contributions on deposit with previous system? [ ] Yes [ ] No

Are you retired from previous system? [ ] Yes [ ] No

If not retired, do you want to establish reciprocity with previous system? [ ] Yes [ ] No

SECTION 3: EMPLOYMENT INFORMATION – TO BE COMPLETED BY PAYROLL CLERK

[ ] City of Ceres [ ] East Side Mosquito Abatement District [ ] Hills Ferry Cemetery District [ ] Keyes Community Services District
[ ] Salida Sanitary District [ ] Stanislaus Council of Governments [ ] Stanislaus County [ ] Superior Court
[ ] Stanislaus Regional Transit Authority

Department: \_\_\_\_\_ Position: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hire Date: \_\_\_\_\_

SECTION 4: TO BE SIGNED BY PAYROLL CLERK

SECTION 4: TO BE SIGNED BY MEMBER

STATE OF CALIFORNIA )
) ss.
COUNTY OF STANISLAUS )
Subscribed and sworn to before me
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
Signed: \_\_\_\_\_
Title: \_\_\_\_\_

The Bylaws of the Stanislaus County Employees' Retirement Association requires proof of birth be filed within ninety (90) days of entry. Failure to do so may result in rate of contribution being increased to maximum until proof of birth is filed.
The undersigned being duly sworn deposes and says that the foregoing statements are true and correct to the best of their knowledge and belief.
Signed: \_\_\_\_\_
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

