

# Permissive Membership

ES 0350 rev 02/17

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## PERMISSIVE MEMBERSHIP ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION

Employees who are employed to perform creditable service, but who are excluded from mandatory membership pursuant to Education Code sections 22601.5, 22602, or 22604, are eligible to permissively elect membership in the California State Teachers' Retirement System (CalSTRS) Defined Benefit Program pursuant to Education Code section 22515. This form enables eligible employees to make this election or decline to make this election. This form must be received by CalSTRS within 30 days of the date on which the employee signs and dates the form. Contributions may not be submitted to the system until CalSTRS has received the completed election form. If the employee elects membership in the CalSTRS Defined Benefit Program, the membership date shall be the first day of the pay period following the date on which the employee signs and dates this form.

### Section 1: Employee Information, Election and Certification (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)	CLIENT ID OR SOCIAL SECURITY NUMBER
MAILING ADDRESS	HOME TELEPHONE
CITY, STATE and ZIP CODE	GENDER (circle one) MALE                      FEMALE
E-MAIL ADDRESS	BIRTH DATE (MM/DD/YYYY)

**I elect membership in CalSTRS Defined Benefit Program**

I understand this membership election is irrevocable and applies to all future employment to perform creditable service with the same or another employer, and may be canceled only by terminating all such employment and receiving a refund of my accumulated retirement contributions from CalSTRS.

**I decline membership in CalSTRS Defined Benefit Program at this time**

I understand I can elect membership in the Defined Benefit Program at any time while I am employed to perform creditable service.

I certify I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.

EMPLOYEE SIGNATURE	DATE
--------------------	------

### Section 2: Employer Certification (to be completed by employer)

I certify that the above-named part-time or substitute employee has been provided with CalSTRS Defined Benefit Program membership criteria as required pursuant to Education Code section 22455.5, and if applicable, informed of his or her right to elect into membership in the CalSTRS Defined Benefit Program.

OFFICIAL'S SIGNATURE	DATE
----------------------	------

OFFICIAL'S NAME <b>Monica Valero</b>	TITLE <b>Payroll/Benefits Specialist</b>
-----------------------------------------	---------------------------------------------

COUNTY (or other employing agency) <b>Monterey</b>	DISTRICT <b>Pacific Grove Unified School District</b>
-------------------------------------------------------	----------------------------------------------------------

EMPLOYEE #	* MEMBERSHIP DATE (MM/DD/YYYY)	ASSIGNMENT (circle one) Part-Time                      Substitute
------------	--------------------------------	----------------------------------------------------------------------

\* Effective January 1, 2017, permissive membership in the Defined Benefit Program shall become effective as of the first day of the pay period following the employee's election.



**CERTIFICATED PERSONNEL INFORMATION FORM**  
Monterey County Office of Education

**Certificated Employee to Complete**

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Is this your first public teaching experience in California?

If no, year and County you last taught: Year \_\_\_\_\_ County \_\_\_\_\_

Have you previously taught in Monterey County? If yes, Year \_\_\_\_\_

Are you presently teaching in another school district?

If yes, District Name \_\_\_\_\_ Status: \_\_\_\_\_

Are you retired? If yes, name of district \_\_\_\_\_

If you are not teaching, where are you presently employed? \_\_\_\_\_

Are you a member of the State Teachers' Retirement System?

If no, did you \_\_\_\_\_ Date \_\_\_\_\_

If a non-member, was the *Permissive Election and Acknowledgement* Form MR350 provided and explained to you? \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**School District to Complete**

District Name \_\_\_\_\_ First Date Worked in Position \_\_\_\_\_

Pay Frequency: \_\_\_\_\_ % Contract \_\_\_\_\_ Non Full-time Status: \_\_\_\_\_

District REAP Verification: \_\_\_\_\_

**District Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**IMPORTANT DISTRIBUTION INSTRUCTIONS:**

- Contracts and Election into Membership: Submit "blue" form with Election form to MCOE **immediately**.
- Substitutes who Do Not Elect: Submit "blue" form to MCOE the month substitute is **first paid**.

**MCOE to Complete**

REAP Member Status \_\_\_\_\_ Date \_\_\_\_\_ Reap Status \_\_\_\_\_

MCOE STRS History \_\_\_\_\_

PRINT ON BLUE PAPER