

**Cash Balance Benefit Program**  
Consolidation of Benefits  
**EMPLOYMENT CERTIFICATION**

**INSTRUCTIONS**

These forms are used with the *Request to Consolidate Benefits* and serve as verification that all Cash Balance (CB) Benefit Program service has been terminated and you are currently performing creditable service under the Defined Benefit (DB) Program. You must complete these forms and obtain signatures of the appropriate employers for your request to consolidate benefits to be processed.

Please read the following instructions carefully before completing this request. Complete all sections applicable to your situation. If you previously worked for more than one CB employer, you must complete multiple forms and have *each* employer certify prior employment. Additionally, you must have your current DB Program employer certify your current employment. If you need assistance completing these forms, or have questions regarding the process, please telephone (916) 229-0554 or call the CalSTRS toll free number at (800) 228-5453.

To request a consolidation of benefits, you must be an active member of the Defined Benefit Program and you must have **ceased** all CB service within the California public school system. Once the forms are received and eligible CB service is verified, you will receive an estimate of the cost to consolidate benefits and any additional contribution amount required.

*[Please note: Another form you may wish to use as you consolidate your CB and DB benefits is the "Redeposit Or Purchase of Permissive Or Nonqualified Service Credit." This form can be downloaded from the CalSTRS Web Site at [www.calstrs.com](http://www.calstrs.com)]*

In completing the forms please:

1. Provide as specific information as possible in each section of the form. If the exact employment dates of prior CB service are unknown, you may list the approximate month/year.
2. Have your CB employers complete and sign Part C of the *Cash Balance Benefit Program Employment Certification*. Remember to complete a separate *Cash Balance Benefit Program Employment Certification* for each of your CB employers.
3. Read carefully the statement in Part D of each form and sign and date the forms.
4. Send the completed Employment Certifications with the *Request to Consolidate Benefits* form to:

California State Teachers' Retirement System  
P. O. Box 15275, MS-20  
Sacramento, CA 95851-0275

5. Keep copies for your records.

**Cash Balance Benefit Program**

Consolidation of Benefits

**CASH BALANCE EMPLOYMENT CERTIFICATION**

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM**

[There must be a *separate* form completed by each employer for whom you performed CB service]

**PART A**

*(This section to be completed by member)*

<b>Social Security Number</b> - -	<b>Last Name</b>	<b>First</b>	<b>Initial</b>	<b>CalSTRS Use Only</b>
<b>Birthdate (mm/dd/yy)</b>	<b>Address</b>			
<b>Telephone Number</b> ( ) -	<b>City</b>	<b>State</b>	<b>Zip</b>	

**PART B**

*(This section to be completed by member)*

<b>Information on Prior Cash Balance (CB) Benefit Program Service</b>	
<b>Dates of CB Service</b> (mm/dd/yy to mm/dd/yy)	<b>Employer</b>
_____	_____

**PART C**

**Employer Certification**

*(This section to be completed by employer for whom you performed CB service)*

*I certify that the above individual has terminated all CB Benefit Program related employment with this district. Additionally, I certify that all payroll information and contributions reported to date are accurate and complete and no negative adjustments will be made in the future.*

<b>Last Day of Paid Employment</b> (mm/dd/yy)	<b>Last Pay Date</b> (mm/dd/yy)	<b>County Name/Code</b>	<b>District Name/Code</b>
<b>Dates of Employment</b>		<b>School Official's Signature/Title &amp; Date</b>	<b>Contact Telephone Number</b> ( ) -

**PART D**

*(This section to be completed by member)*

I hereby request an estimate of the cost to consolidate my benefits under the Defined Benefit Program. Further, I certify under penalty of perjury under the laws of the State of California that the information submitted herein is complete and true according to the best of my knowledge and that no material facts have been omitted.

<b>Member's Signature</b>	<b>Date (mm/dd/yy)</b>
_____	_____

Please retain a copy for your records and send the completed *CB Benefit Program Employment Certification* to:

California State Teachers' Retirement System  
P. O. Box 15275, MS-20, Sacramento, CA 95851-0275