

Cash Balance Benefit Program Election-Instructions

SECTION 1: EMPLOYEE INFORMATION, ELECTION AND/OR CERTIFICATION (TO BE COMPLETED BY EMPLOYEE)

Provide the following information:

- Last Name, First Name and Middle Initial
- CalSTRS Client ID or Social Security Number

Complete Section 1.A, 1.B, or 1.C, whichever is applicable.

Sign the form, date your signature and return the form to your employer. Verify with your employer you are eligible for your requested effective date, if applicable.

SECTION 1.A: CALSTRS DEFINED BENEFIT PROGRAM MEMBER

If you are a member of the Defined Benefit Program your creditable service defaults to coverage by the Defined Benefit Program.

You may elect coverage by the Cash Balance Benefit Program in lieu of Defined Benefit Program coverage for eligible creditable service performed for an employer that offers the program. Your election must be made within 60 days of your date of employment, or the date or effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later. Your election is effective the first day of employment or the effective date of your employer's action to provide the program, whichever is later.

If you elect coverage by the Cash Balance Benefit Program, you may later elect that future creditable service performed for that employer be subject to coverage by the Defined Benefit Program. You may make that election at any time while employed to perform creditable service. This election may be effective no earlier than the first day of the pay period in which your election is made.

SECTION 1.B: CALSTRS DEFINED BENEFIT PROGRAM NON-MEMBER

If you are not a member of the Defined Benefit Program, your eligible creditable service defaults to coverage by the Cash Balance Benefit Program as of the first day you perform creditable service for your employer or the effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later.

You may elect coverage by an alternative retirement plan, including Social Security, offered by your employer in lieu of participating in the Cash Balance Benefit Program if your employer's action to provide the program allows. Your election must be made within 60 days of your first day of creditable service, or the date or effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later.

If Social Security was not available when your service defaulted to coverage by the Cash Balance Benefit Program and Social Security is later provided by your employer, you may elect Social Security coverage. Your election must be made within 60 days of the date or effective date of your employer's action to provide Social Security, whichever is later. If you make this election, your eligible creditable service

will be subject to coverage by Social Security on the effective date of your employer's action to provide Social Security and your participation in the Cash Balance Benefit Program for that employer will end the day prior.

If you elect coverage by Social Security or another alternative retirement plan offered by your employer, you may subsequently elect coverage by the Cash Balance Benefit Program for future creditable service performed for that employer so long as you are employed to perform creditable service and your basis of employment is eligible for participation. This election can be effective no earlier than the first day of the pay period in which the election is made.

You may elect membership in the Defined Benefit Program using the *Permissive Membership* (ES 350) form at any time while employed to perform creditable service.

SECTION 1.C: TRUSTEE SERVICE

If you are performing service as a trustee for an employer that offers the Cash Balance Benefit Program, you may elect coverage by the program for your trustee service. Your election can be effective no earlier than the first day of the pay period in which your election is made.

SECTION 2: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)

Provide the following information:

- The employer (district) name
- County and district code
- Name and title of employer official reviewing form

Verify Section 1 is completed and the employee is eligible for any elections made or effective dates provided.

Sign the form, date your signature, submit the form to CalSTRS and retain a copy.

SUBMITTING THE FORM

CalSTRS must receive this form within 60 days after the employee's signature date.

Mail to: CalSTRS
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275

Fax to: 916-414-5476

Secure Employer Website: Attach the form to a secure message and submit via SEW

QUESTIONS

Employee – contact your employer.

Employer – contact your CalSTRS Employer Services Representative.

Cash Balance Benefit Program Election

CB 533 rev 01/19

CALSTRS

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

COVERAGE ELECTION FOR A CASH BALANCE BENEFIT PROGRAM EMPLOYER AND/OR ACKNOWLEDGEMENT OF RECEIPT OF COVERAGE INFORMATION

This form is used to make a coverage election for creditable service performed for a Cash Balance Benefit Program employer and/or to acknowledge receipt of information related to available coverage options.

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

EMPLOYEE NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

Section 1.A. CalSTRS Defined Benefit Program MEMBER (check one):

- I decline Cash Balance Benefit Program coverage for eligible creditable service performed for this employer. I understand eligible service will default to Defined Benefit Program coverage.
- I elect Cash Balance Benefit Program coverage for eligible creditable service performed for this employer.
- I previously elected Cash Balance Benefit Program coverage for creditable service performed for this employer and now elect Defined Benefit Program coverage for creditable service performed for this employer as of: _____

EFFECTIVE DATE (MM/DD/YYYY)

Section 1.B. CalSTRS Defined Benefit Program NON-MEMBER (check one):

- I decline alternative retirement plan coverage for eligible creditable service performed for this employer, or no such coverage is offered by my employer. I understand eligible service will default to Cash Balance Benefit Program coverage.
- I elect alternative retirement plan coverage for eligible creditable service performed for this employer.
- I previously elected alternative retirement plan coverage for creditable service performed for this employer and now elect Cash Balance Benefit Program coverage for creditable service performed for this employer as of: _____

EFFECTIVE DATE (MM/DD/YYYY)

Section 1.C. Trustee Service (form is only required to elect coverage):

- I elect Cash Balance Benefit Program coverage for trustee service performed for this employer as of: _____

EFFECTIVE DATE (MM/DD/YYYY)

Required Signature

I certify that my employer provided me information about the available coverages for my creditable service and my rights and responsibilities.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYEE'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

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

EMPLOYER NAME

COUNTY AND DISTRICT CODE

EMPLOYER OFFICIAL'S NAME AND TITLE

Required Signature

I certify that the above-named employee is eligible for the election made above and was provide required information about their coverage options.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYER OFFICIAL'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)



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