



## **SWORN STATEMENT**

### **FOR LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION (LACERA)** **(for permanent employees working ¾ time or more)**

#### **Congratulations on your new L.A. County career, and welcome to LACERA.**

From the day you first become a member of LACERA and for years to come, LACERA is with you; and we'll be there for your eligible survivors and beneficiaries when you can't be. Our relationship with you is fostered over the course of your career and well into your retirement.

As your membership date is on or after January 1, 2013, you will be automatically enrolled in one of LACERA's contributory retirement plans – General Plan G or Safety Plan C.

The Sworn Statement is a vital part of our process to complete the setup of your retirement plan. Please follow the directions below to complete this form.

#### **Directions:**

- Fill out the Sworn Statement accurately. Entering inaccurate information, such as a wrong birth date, could negatively impact your plans for retirement, including significant additional contributions you would have to pay LACERA at a later date.
- List all your previous service or reciprocity details.
  - If eligible, you may have additional retirement plan options.
- Sign and acknowledge your form.
- Review your form with your HR professional.
- Your HR department will mail your form to LACERA.

#### **What's Next?**

- LACERA will mail you a New Hire Welcome package.
- If you meet the eligibility requirements for previous service and reciprocity, you may qualify to join a retirement plan available on December 31, 2012. If so, LACERA will send you additional information.

#### **What Is a New Member?**

The Public Employees' Pension Reform Act of 2013 (PEPRA) defines a new member as an individual who becomes a LACERA member for the first time on January 1, 2013 or later.\* The LACERA membership date is the first of the month following the date of hire (e.g., December 5th hire date > January 1st LACERA membership date). An individual who is a member of a reciprocal retirement system but ineligible for reciprocity prior to January 1, 2013 would also be considered a new member.

Individuals meeting any of the following conditions may be entitled to join a retirement plan available on December 31, 2012:

- Deferred member of LACERA prior to January 1, 2013, who returns to active membership
- An individual who becomes a member on or after January 1, 2013 who is eligible for reciprocity based on membership in a reciprocal system on or before December 31, 2012\*\*
- Former member of LACERA who terminated membership and withdrew his or her accumulated contributions prior to January 1, 2013 and later returns to County service and redeposits all withdrawn accumulated contributions, along with the interest those contributions would have earned had they been left on deposit with LACERA.

#### **Previous Service and Reciprocity**

If you have previous service with L.A. County, the State of California, or other public entity in California; or if you qualify for reciprocity with a qualified reciprocal system, LACERA will attempt to verify the information you have provided through appropriate contacts in order to determine your eligibility for a change in membership. If you meet the eligibility requirements, you may be entitled to join a retirement plan available on December 31, 2012, and participate in the LACERA-administered Retiree Healthcare Benefits Program. You may also be eligible to purchase U.S. government (including military service) time, which may count toward your retirement allowance.

\* For additional information on PEPRA, check lacera.com.

\*\*To be eligible for reciprocity, you must meet the requirements, one of which is that, within six months of terminating from a public agency, you must become a member of another public agency covered by a reciprocal retirement system within California. For additional information on reciprocity, check lacera.com.



## MEMBER SWORN STATEMENT

For Permanent Employees Working 3/4 Time or More

**PLEASE PRINT**

<b>SECTION 1: Employee Personal Information</b>					I am a: <input type="checkbox"/> General Member <input type="checkbox"/> Safety Member	
SOCIAL SECURITY NO.	BIRTH DATE (MM/DD/YY)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMPLOYEE NO.	DEPT. NO.	DEPARTMENT NAME	
FIRST NAME	MIDDLE NAME	LAST NAME			DATE OF HIRE*	
HOME ADDRESS				APT. NO.	WORK PHONE	
CITY		STATE	ZIP CODE		HOME PHONE	
EMAIL					CELL PHONE	

\*Date of hire as a permanent, 3/4 time or more employee

<b>SECTION 2: Previous Service and Reciprocity</b>
<b>IMPORTANT: If you have previous public service work experience, you may have additional retirement plan options.</b>
<p><b>Previous Service:</b></p> <p><input type="checkbox"/> I worked for the County of Los Angeles as a <b>temporary employee</b>. Start Date: _____ End Date: _____</p> <p><input type="checkbox"/> I worked for the County of Los Angeles as a <b>permanent employee</b>. Start Date: _____ End Date: _____</p> <p><input type="checkbox"/> I worked for the <b>United States government (including military service), the State of California, or a public entity in California</b>. Start Date: _____ End Date: _____ Agency: _____</p>
<p><b>Reciprocity:</b></p> <p><input type="checkbox"/> I am a member of a reciprocal retirement system. Reciprocal Retirement System: _____ Start Date: _____ End Date: _____</p>
<p><b>Previous Service and Reciprocity Verification Process:</b></p> <p>If you indicated you have previous service with L.A. County, the State of California, or other public entity in California; or that you qualify for reciprocity with a qualified reciprocal system, LACERA will attempt to verify the information through appropriate contacts to determine if additional retirement plan and retiree healthcare benefit options are available to you. If so, we will inform you of those options. You may also be eligible to purchase U.S. government (including military service) time, which may count toward your retirement allowance. Please note: retrieving information from outside sources may take six months or longer.</p>



### SECTION 3: Acknowledgement

I understand I will automatically be assigned to a retirement plan, General Plan G or Safety Plan C. My membership is effective the first day of the month following my hire date as a permanent employee working 3/4 time or more. Retirement plan contributions will be deducted from my paycheck.

I acknowledge and understand both my hire date and my first eligibility for LACERA membership occurred after June 30, 2014. Based on that and in accordance with the Los Angeles County Code, Section 5.20.085, I understand I will be eligible for certain benefits provided under the County Retiree Healthcare Benefits Program — Tier 2 when I retire. I further understand the healthcare benefits offered under this program are not a vested right and may be amended or modified by the County.

I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Employee Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_

**ATTENTION EMPLOYEES: Do not send this form to LACERA.**

**THIS AREA FOR HR PROFESSIONALS ONLY**

### SECTION 4: Personnel Office Verification

Date: \_\_\_\_\_

This employee is a General Plan G member.     This employee is a Safety Plan C member.

I have verified and attest to the accuracy of the employee's information.

Authorized Signature: **X** \_\_\_\_\_ Department/Location: \_\_\_\_\_

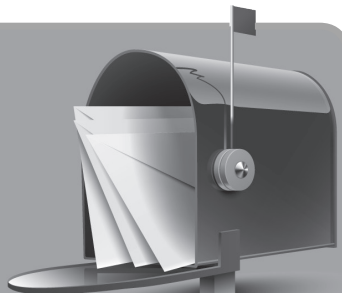
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**HR Professionals: Send original to LACERA, retain a copy for your records, and give a copy to employee.**

Call the LACERA HR Pros Hotline @ 800-659-2786 for assistance.

LACERA will mail  
you the New Hire  
Welcome package.



Check out the  
**New Hire  
Video Online**

[lacera.com/Benefits/NewMember](http://lacera.com/Benefits/NewMember)



..... LACERA DATE STAMP .....  
..... LACERA DATE STAMP .....  
..... LACERA DATE STAMP .....