California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or **888**-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Employer Account Management Division

Dear Member,

You are being provided with the background, explanation, and instructions for the **Reciprocal Self-Certification Form (PERS-CASD 801)**. Reciprocity among qualified Public Retirement Systems is to allow members to separate from one qualified Public Retirement System and enter into employment under another within a specific time period without losing valuable retirement and related benefit rights.

With the implementation of the Public Employees' Pension Reform Act of 2013 (PEPRA), Government Code section 7522, on January 1, 2013, the California Public Employees' Retirement System (CalPERS) requires that employers provide you with this package to complete the Reciprocal Self-Certification form. The Reciprocal Self-Certification form allows you to provide essential information to your employer and will be used by your employer to enroll you into CalPERS membership and every new appointment under CalPERS. This information will assist CalPERS in identifying the correct retirement benefit level to enroll you into CalPERS. For more information regarding PEPRA, please see our website at **www.calpers.ca.gov**.

Within 10 business days of membership or new appointment you must complete, sign, date, and submit to your employer the Reciprocal Self-Certification form. When completing the form, reference the attached list of qualifying Public Retirement Systems in California. Complete the form by indicating that you are not a current or past member of a qualifying Public Retirement System; **OR** indicate that you have prior membership in a qualifying Public Retirement System and complete the box listing your previous membership dates, permanent separation dates, and retirement or refund dates, if applicable.

It is important to ensure you are providing accurate information so your retirement enrollment level can be properly determined. It is your responsibility to ensure the accuracy of the data provided on the Reciprocal Self-Certification Form. Inaccurate information may cause your account to reflect an incorrect retirement enrollment level which can have many impacts to your account including ineligible retirement benefit formulas, adverse effects on how your retirement benefit is calculated, and delays in CalPERS processing timeframes. Providing inaccurate information may lead to future retroactive adjustments to your member and employer contributions, and you and your employer will be responsible for any debts that may occur.

Information to remember when completing the form:

- Please ensure you are providing complete and accurate dates. You must provide a month, date, and year. If you are unsure of the dates, please contact the qualifying Public Retirement System to verify prior to completing the form.
- For each prior Reciprocal System reported, you must provide the name of the qualifying Public Retirement System and membership date. If you have separated, retired, or refunded from that Reciprocal System, please indicate that by providing dates in the appropriate sections. If you have not separated, retired, or refunded from that Reciprocal System, you may leave these sections blank or indicate that by entering N/A (not applicable).

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- It is not necessary to include data related to employment covered by CalPERS when completing this form as this information is already withheld in the CalPERS system.
- Only include information related to a Defined Benefit Plan of a qualifying Public Retirement System. Defined contribution plans are not eligible for reciprocity.

The completion of this form provides data to be used to enroll you into the correct retirement enrollment formula**.** The completion of the Reciprocal Self-Certification Form does not establish reciprocity, nor is it a request to establish reciprocity. In order to request that reciprocity be established, visit the CalPERS website, **www.calpers.ca.gov** and download the publication ***When You Change Retirement Systems***. It is the responsibility of the employee to complete and send the form, ***Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems,*** to CalPERS.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California
Reciprocal Self-Certification Form (PERS-CASD-801)

List of Qualifying Public Retirement Systems in California

Name of County/Agency/System:	Qualification(s):
Alameda County^	
City and County of San Francisco*	
City of Concord*	
City of Costa Mesa*	Safety Employees only
City of Fresno	Miscellaneous and Safety Retirement systems
City of Los Angeles	Non-Safety only
City of Oakland	Non-Safety only
City of Pasadena	Fire and Police Only
City of Sacramento*	
City of San Clemente*	Non-Safety only
City of San Diego	
City of San Jose	
Contra Costa County^	
Contra Costa Water District	
County of San Luis Obispo	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety Employees only
Fresno County^	
Imperial County^	
Judges' Retirement System	
Kern County^	
Legislators' Retirement System	
Los Angeles County Metropolitan Transportation Authority	Non-Contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Los Angeles County^	
Marin County^	
Mendocino County^	
Merced County^	
Orange County^	
Sacramento County^	
San Bernardino County^	
San Diego County^	
San Joaquin County^	
San Mateo County^	
Santa Barbara County^	
Sonoma County^	
Stanislaus County^	
State Teachers' Retirement System	
Tulare County^	
University of California Retirement System	
Ventura County^	

*=Also CalPERS-covered agency ^=1937 Act Counties

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RECIPROCAL SELF-CERTIFICATION FORM

Complete the following information and return this form to your Personnel Office ***within 10 business days***

Employee Name	(Last)	(First)	(Middle)
Date of Birth:		CalPERS ID:	

Check the applicable statement:

☐ I have not been a member of a qualifying Public Retirement System in California.

☐ I have prior membership under another Public Retirement System in California. *(Complete the box below with verified dates including month, date, and year.* ***If you are unsure of the dates, please contact the Public Retirement System to confirm information prior to completing form****.)*

Name of Most Recent Reciprocal System:	Membership Date: / /	Separation Date*: / /	☐ Retired* ☐ Refunded* Date: / /
Name of Prior Reciprocal System:	Membership Date: / /	Separation Date*: / /	☐ Retired* ☐ Refunded* Date: / /
Name of Prior Reciprocal System:	Membership Date: / /	Separation Date*: / /	☐ Retired* ☐ Refunded* Date: / /

**Please provide dates, if applicable. Not all sections may be applicable for each Reciprocal System.*

I understand that by accepting employment in a qualified retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form does not constitute a request to establish reciprocity.

I hereby certify that the foregoing information has been verified as true and correct and any information found to be incorrect may require corrections to my account in the California Public Employees' Retirement System including, but not limited to, my retirement enrollment level. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Employee Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER ONLY:

Name of CalPERS Agency:	CalPERS Business Partner ID:	Employee's CalPERS Original Hire Date:
Designee of Employer: (Print Name)	(Title)	Employee's CalPERS Membership Eligibility Date:
Designee's Signature:	(Date)	

The employer must retain this form in the employee's file for auditing purposes.