

Sacramento County  
Employees'  
Retirement System  
(SCERS)



# What is SCERS?

## ■ Defined Benefit Plan

– Guaranteed lifetime pension based on three factors:

- Age at Retirement
- Years of Service
- Salary

– Retirement benefits paid by:

- Employee Contributions
- Employer Contributions
- Earnings on investments

## ■ Borrowing is not allowed



# Membership

■ MEMBERSHIP IS REQUIRED AS A CONDITION OF EMPLOYMENT EXCEPT:

- If you are age 60 or over at time of permanent employment, you may waive membership.

## Categories



- Safety (Sworn Law Enforcement and Fire Suppression)
  - Tier 2
- Miscellaneous (General Membership)
  - Tier 3



# Service Credits



- 1 Hour Pay = 1 Service Credit
  - Vesting = 10,440 Service Credits
  
- Purchasable Service
  - Pre-membership (temporary employment with County)
  - Redeposit (Also redeposit to re-enter Tier 1)
  - Medical Leave of Absence
  - Public Service
    - If interested, please pick up a brochure from our table

# Service Credits Cont.

## ■ Reciprocity

- Link between two reciprocal retirement systems
  - Date of entry to SCERS must be within 180 days of leaving prior system
  - No overlapping employment
  - Contact prior system to get reciprocity established



# Benefits

## ■ Types of Retirement

### – Service

- Age 50 with 10 years of Service
- Age 70 regardless of Service
- 20 years of Safety Service regardless of age
- 30 years of Miscellaneous Service regardless of age

### – Disability

- Non-service connected disability
- Service connected disability

## ■ Death Benefits

### – Active member death benefit

- Please read handbook for more info



# CRITICAL ITEM FOR NEW HIRES:

## Member's Affidavit

- Enrollment is automatic for new hires
- Participation does not require any contribution or investment decisions
- **Designation lets you name the “right” beneficiary, instead of the plan**
- Common oversights are highlighted on next 2 slides





Sacramento County Employees' Retirement System  
 980 9th Street, Suite 1800  
 Sacramento, CA 95814  
 Phone: (916) 874-9119  
 Fax: (916) 874-6060  
 Web: www.scers.org

**MEMBER'S AFFIDAVIT – FORM 6019**

ACTIVE MEMBER  DEFERRED MEMBER  RETIRED MEMBER  OTHER: \_\_\_\_\_

**I. NAME & SOCIAL SECURITY NUMBER**  Change of Existing Information

First, Middle & Last Name \_\_\_\_\_ SSN: \_\_\_\_\_

**II. PERSONAL INFORMATION**  Change of Existing Information  [ XXXXX ]

Mailing Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Birth Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**III. PERSONAL STATUS**  Change of Existing Information

Single  Married  Registered Domestic Partner **DEATH CERT. REQUIRED**  
 Widowed  Divorced  De-Registered Domestic Partner

**IV. BENEFICIARY DESIGNATION(S)**  Change of Existing Information

	Beneficiary 1	Beneficiary 2	Beneficiary 3
First Name			
Last Name			
Street Address			
City/State/ZIP			
SSN			
Birth Date			
Relationship & Percentage		%	%

Check if additional beneficiary and/or guardian information is provided in an attachment.

**V. PRIOR MEMBERSHIP IN OTHER PUBLIC RETIREMENT SYSTEM(S)**

Public Retirement System	Dates of Membership	Status with last public last retirement system.		
SCERS <input type="checkbox"/>		Active <input type="checkbox"/>	Misc. <input type="checkbox"/>	Tier 1 <input type="checkbox"/>
CalPERS <input type="checkbox"/>		Deferred <input type="checkbox"/>	Safety <input type="checkbox"/>	Tier 2 <input type="checkbox"/>
STRS <input type="checkbox"/>		Retired <input type="checkbox"/>		Tier 3 <input type="checkbox"/>
Other <input type="checkbox"/>		Withdrawn <input type="checkbox"/>		

**Guardian Info:**

If you name a minor child as a beneficiary, please mark the box located under the beneficiary info and write the guardian's information on the back of page 1

**Beneficiary Info:**

Please fill in their relationship to you and the percentage of the benefit you would like them to receive. With multiple beneficiaries, be sure that the combined percentage equals 100%

You must INITIAL next to the statement that describes your current situation

**I. MEMBER DECLARATION OR REQUIRED CONSENT**

Section 31760.3 of the Government Code requires the Sacramento County Employees' Retirement System (hereinafter "Plan") to notify your current spouse or registered domestic partner if you change your beneficiary, request a refund of accumulated contributions, or elect an optional settlement of retirement benefits. With limited exceptions, **the Plan cannot allow the designation of an alternate beneficiary without the approval of the current spouse or registered domestic partner.**

**A. MEMBER DECLARATION [Read declaration and initial one item, unless Required Consent applies.]**

By affixing my initials to one of the statements offered below, I declare that I have accurately reported my marital or partnership status as of the date indicated on this Member's Affidavit and do so under penalty of perjury.

\_\_\_ I am single, widowed, divorced or de-registered, and I am unaware of any undisclosed actions, agreements or stipulations regarding my Plan benefits.

\_\_\_ I am married or registered as a domestic partner and I have named my spouse or registered domestic partner as sole beneficiary under the Plan. Beyond the interests of my current spouse or registered domestic partner, I am unaware of any undisclosed actions, agreements or stipulations regarding my Plan benefits.

**B. REQUIRED CONSENT - CURRENT SPOUSE OR REGISTERED DOMESTIC PARTNER AGREEMENT TO ALTERNATE BENEFICIARY**

I acknowledge and agree with the BENEFICIARY DESIGNATION(S) elected by my spouse or registered domestic partner, and I understand that my consent to this item is voluntary. Absent a Court order to the contrary, I also understand that (a) the beneficiary change requested by my spouse or registered domestic partner is not effective without my signature, (b) future beneficiary changes by my spouse or registered domestic partner still require my signature and consent, and (c) the effect of my signature and consent may be to forfeit benefits to which I would otherwise be entitled upon the death of my spouse or registered domestic partner.

\_\_\_\_\_  
Spouse or Registered Domestic Partner Signature

\_\_\_\_\_  
Date

**REQUIRED VERIFICATION OF SPOUSE OR REGISTERED DOMESTIC PARTNER SIGNATURE**

Option i: Witnessed by Plan Representative

Signature witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Plan Representative: \_\_\_\_\_

Option ii: Witnessed by Notary Public

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Required Consent as a free and voluntary act.

(SEAL) Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**II. MEMBER APPROVAL OF REQUESTED CHANGES AND/OR ADDITIONS**

\_\_\_\_\_  
Member Signature & Print Name

\_\_\_\_\_  
Date

If you are married or registered, spouses or registered domestic partners must sign for you to name an alternate beneficiary.

**YOU MUST SIGN AND DATE THIS FORM**

# Communicating With SCERS

- Come see us!
  - 980 9<sup>th</sup> Street, Suite 1800
- Call us!
  - 874-9119
- Send us mail!
  - Interoffice code: 10-204
  - E-mail: [sacretire@saccounty.net](mailto:sacretire@saccounty.net)
  - P.O. Box 627  
Sacramento, CA 95812-0627
- Visit our Website!
  - [www.scers.org](http://www.scers.org)





Executive Staff  
Richard Stensrud  
Chief Executive Officer  
Jeffrey W. States  
Chief Investment Officer  
James G. Line  
General Counsel  
Kathryn T. Regalia  
Chief Operations Officer  
John W. Gobel, Sr.  
Chief Benefits Officer

## MEMORANDUM

**To:** New County Employees  
**From:** John W. Gobel, Sr.  
**Re:** Pension Plan Participation & Beneficiary Designation

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Welcome to Sacramento County. As part of the hiring process, all new employees are enrolled in the Sacramento County Employees' Retirement System ("SCERS"), a \$5.5 billion defined benefit pension plan that currently provides lifetime benefits to more than 7,000 retired employees and their survivors.

Unlike many of the other employee benefits offered to new hires, participation in and contribution to SCERS is mandatory for all new hires under age 60. Although this means that plan participation does not involve the kind of decisions or elections required by many other benefits, **it is important that you complete the attached Member's Affidavit form as close as possible to your hire date and no later than the date of your New Employee Orientation session.**

Failure to return the attached form will not stop contributions to SCERS or affect the rate at which you earn retirement benefits. However, **unless and until you return the Member's Affidavit, the decision regarding who can receive benefits in the event of your death will be determined by legal rules and not by you.** In addition, without a completed Member's Affidavit, you forego the normal record review, where staff checks for prior SCERS membership and any potential benefit coordination with other public retirement systems.

Once again, welcome to the County. Please contact our office if you have any questions regarding pension benefits and **use the address below to return your Member's Affidavit:**

Sacramento County Employees' Retirement System  
P.O. Box 627  
Sacramento, CA 95812-0627  
(916) 874-9119.



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 980 9<sup>th</sup> Street, Suite 1800  
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 Fax: (916) 874-6060  
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**NEW EMPLOYEE ORIENTATION**

**MEMBER'S AFFIDAVIT – FORM 6019**

ACTIVE MEMBER     DEFERRED MEMBER     RETIRED MEMBER

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First, Middle & Last Name:	SSN:
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Mailing Address:

Telephone Number: (   ) \_\_\_\_\_ - \_\_\_\_\_      Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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 Widowed                       Divorced                       De-Registered Domestic Partner

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<b>Last Name</b>			
<b>Street Address</b>			
<b>City/State/ZIP</b>			
<b>SSN</b>			
<b>Birth Date</b>			
<b>Relationship &amp; Percentage</b>		%	
		%	
		%	

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CalPERS      [   ]		Deferred      [   ]	Safety      [   ]	Tier 2      [   ]
STRS      [   ]		Retired      [   ]		Tier 3      [   ]
Other      [   ]		Withdrawn      [   ]		

