

CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM P.O. BOX 15275 SACRAMENTO CA 95851-0275 TOLL FREE 1-800-228-5453 OR (916) 229-3570 TDD HEARING IMPAIRED (916) 229-3541

RETTREMENT SYSTEM ELECTION ES 372 (09/08)

PLEASE READ THE A	TTACHED INSTRUCTION	S		·
BEFORE COMP	LETING THIS FORM			
PLEASE TYPE OR PRI	NT LEGIBLY IN DARK IN	ζ .	CalSTRS USE ONLY	
DT. G	TO BE COMPL	ETED BY EMPI	OYEE	
Name: (Last)	(First)	(Initial)	Social Security Number:	
EFFECTIVE DATE (Mo/Day/Yr)				
(Mobuyi II)			POSITION TITLE	3
			Credentialed Classified	d
Employment in the California public school			State Service	
Employment in the California public school st California Public Employees' Retirement Sys	ystem is generally subject to cove	rage by either the C	alifornia State Teachers' Retirement System (C	CalSTRS) or the
California Public Employees' Retirement Sys 22119.5, is usually credited in CalSTRS, whil	e classified (non configure 1)	a position to perform	"creditable service," as defined in Education	a Code Section
, , , , , , , , , , , , , , , , , , , ,	o classifica (non-certificatea) em	proyment is usually	credited in CalPERS.	•
A member of CalSTRS who becomes employe	ed by the same or a different at	1.12		
A member of CalSTRS who becomes employed state employment to perform service that reques 60 days from the date of hire in the new position.	ires membership in CalPEPS will	ol district, a commu	nity college district, a county superintendent of	f schools or limited
60 days from the date of hire in the new positi	on) to have the service credited w	ith CalSTRS	edited with CalPERS unless he/she files a writt	ten election (within
A member of CalPERS who is employed by a five years of CalPERS credited service, as defi	school employer, Board of Gover	nors of Community	College Districts or State Department of Educa-	ntion or hos at less
five years of CalPERS credited service, as defi requires membership in CalSTRS, will have th	ned in Government Code Section	20309, and who sul	osequently becomes employed to perform credi	itable service that
requires membership in CalSTRS, will have th position) to have the service credited with Call	at service credited with CalSTRS	unless he/she files a	written election (within 60 days of the date of	hire in the new
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You are a member of CalSTRS who has acce	epted employment to	Name		
perform service that requires membership in C.	aIPERS but you may	service that man	ber of CalPERS who has accepted employment	nt to perform
elect to continue retirement system coverage u	nder CalSTRS Please	Coverage under	ires membership in CalSTRS but you may elec	et to continue
enter an "X" in the box next to the coverage yo	u elect.	you elect.	CalPERS. Please enter an "X" in the box next	to the coverage
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CalPERS Employer Code:			DATE	



California State Teachers' Retirement System P.O. Box 15275 MS 17 Sacramento, CA 95851-0275 (800) 228-5453; TDD (916) 229-3541 www.CalSTRS.com

Acknowledgment of Receipt of Election Information Retirement System Coverage

MS-373 (REV. 4-2007)

A member of the California Teachers' Retirement System (CalSTRS) Defined Benefit Plan who changes employment in a school district, community college district or county superintendent of schools, to a position covered by another California public retirement system may elect to continue coverage by CalSTRS for public school service subject to membership in the other public retirement system. The member must make the election within 60 days following the date of hire into the new position.

Education Code Section 22509 requires employers to provide all employees who have such a change in employment with information regarding their right to elect to continue CalSTRS membership pursuant to Education Code Section 22508. Within 10 working days of the date of hire, the employer must inform the employee of the right to make an election and must make available to the employee written information provided by the retirement systems to assist the employee in making an election. Any election made pursuant to Section 22508 must be filed with CalSTRS and the other public retirement system. Once received and accepted by CalSTRS, the election becomes effective as of the first day of employment in the position that qualified the member to make an election.

Please Type or Print Legibly in Black Ink EMPLOME ENDENHINGATION Name: (Last) (First) (Initial) Social Security Number: Position Title: Effective Date of Hire: EMPROMINE CERTIFICATION I have received information concerning the Retirement System Election, the CalSTRS Defined Benefit Plan and the other public retirement system that usually covers the service performed in my new position. Signature Date EMPLOYER GERHINGATION I certify that the above named employee has been informed of his or her right to elect to continue membership in the CalSTRS Defined Benefit Plan, and has been given information provided by both retirement systems pursuant to Education Code Section 22509. Officials Name & Title: County (or Other Employing Agency): District: Signature 1 1900 HOLLING Date \triangleright



PERMISSIVE MEMBERSHIP

ES 350 (REV6/04)

CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM
P.O. BOX 15275 SACRAMENTO CA 95851-027
TOLL FREE 1-800-228-545
OR (916) 229-387
TDD HEARING IMPAIRED (916) 229-354

PERMISSIVE ELECTION AND ACKNOWLEDGMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PLAN MEMBERSHIP INFORMATION

Please Type or Print Legibly in Black Ink

	EMPLO	YEE CERTIFICA	TION		
Name:			Socia	l Security Numbe	r:
	(Last)	(First)	(Initial)		
Position Title:					
Education Code Section 2251 excluded from mandatory mer Teachers' Retirement System in writing and filed at CalSTF than the first day of the pay per section of the pay per section.	mbership pursuant to Section Defined Benefit Program at S prior to submission of con	n 22601.5, 22602 or 2260 any time while employentributions to the program	94, to elect membership in the d to perform creditable servi	e California State ce. The election m	nust be
I certify I have received informula the criteria for membership in		ncerning the CalSTRS D	efined Benefit Program (DB	Program) and und	lerstand
I certify that I am eligible to e in Section 22515 of the Califo future employment to perform my accumulated retirement co	ornia Education Code, and m creditable service and may	nake the following election be canceled only by tern	n. I fully understand this ele sinating all such employment	ection is irrevocabl	le for al
I elect memb	pership	l decline membership	at this time		
Signature:			Date:		
	TO BE CO	OMPLETED BY EMPI	OYER		
I certify that the above-named required pursuant to Education employee and, if applicable, t	on Code Section 22455.5; in	a timely manner or with	n 30 days of their hire, if pa	rt-time or a substit	ute
Official's Signature:		Title:			
County (or Other Employing	g Agency):	District:			
Employee#	Sex Male Female	Birth date (Mo/Day/Year)	Membership Date (Mo/Day/Year)	Assignme FT PT	Sul

One-Time Death Benefit Recipient MS0002 (Rev. 2/09)

California State Teachers' Retirement System P.O. Box 15275, MS 65 Sacramento, CA 95851-0275 800-228-5453 TTY 916-229-3541 www.CalSTRS.com

Section A Member	r Information			
NAME (LAST, FIRST, INITIAL)			CLIENT ID	OR SOCIAL SECURITY NUMBER
ADDRESS (STREET)			DATE OF E	BIRTH (MM/DD/YYYY)
CITY	STATE	ZIP CODE E-MAIL ADDRES	() S HOME TEL	EPHONE .
specified herein, or the surviv death. If I survive the primary or the survivors among them, my named recipients, then an	ors among them, as re- recipients, then I design as recipients for any boay benefit payable at the seive a continuing month	gnate the following primary recipients cipients for any benefit payable under trate the following secondary recipier enefit under the Teachers' Retirement e time of my death under said law sha thly retirement benefit. This is solely for	r the Teachers' Retints share equally ur Law at the time of all be paid to my es	rement Law at the time of my nless otherwise specified, my death. If I survive all of tate. This form does not
Section B Primary	y Recipients or	Trust	· · · ·	PERCENTAGE
Primary Recipients				, <u>, , , , , , , , , , , , , , , , , , </u>
SOCIAL SECURITY NUMBER	N.	AME (LAST, FIRST, INITIAL)		TELEPHONE NUMBER
BIRTHDATE	RELATIONSHIP	ADDRESS	CITY	STATE ZIP CODE
Trust				()
TRUST NUMBER	TF	RUST NAME		TELEPHONE NUMBER
TRUST DATE	ADDRESS	СПҮ	STATE	ZIP CODE
Section C Second	ary Recipients	or Trust		PERCENTAGE
Secondary Recipients				
SOCIAL SECURITY NUMBER	N	AME (LAST, FIRST, INITIAL)		TELEPHONE NUMBER
BIRTHDATE	RELATIONSHIP	ADDRESS	CITY	STATE ZIP CODE
Trust				/)
TRUST NUMBER	TF	RUST NAME		TELEPHONE NUMBER
TRUST DATE	ADDRESS	CITY	STATE	ZIP CODE
☐ Check box if addition	al recipients are lis	ted on the back of this form.		
Section D Required	l Signatures <i>Blace</i>	a check all that apply		· .
I am married or registration I am married or registration signed the Justification I have never been ma	ered as a domestic pered as a domestic pon for Non-Signature control or in a registered	artner and both our signatures are artner and both our signatures are artner and my spouse or partner did spouse or Registered Domestic and domestic partnership, or I am wicated a registered domestic partnership.	id not sign below. <i>Partner</i> section or dowed or my partr	n page 2.
		of the State of California that the for p to four years (Penal Code section		d correct. I understand
		<u> </u>		
MEMBER SIGNATURE		DATE (MM/DD/YYYY) SPOUSE OR REGISTERED D	DOMESTIC PARTNER SIGI	NATURE DATE (MM/DD/YYYY)



One-Time Death Benefit Recipient continued



P or S	%	Social Security Number	Last	Name/Trust First	t M.I.	Relationship			Address		
			Lagi	1 1131	IVI-I-	Birth Date/Trust I	Date	City	Sta	ite Z	Zip Code
											
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