



## RETIREMENT SYSTEM ELECTION

**Read the attached instructions and information for retirement system coverage before completing the Retirement System Election. Keep a copy of the instructions and information sheet for your records. Please use a black ink pen or download and print the form.**

**TELEPHONE NUMBERS:**

TOLL FREE 1-800-228-5453

**MAILING ADDRESS:**

CalSTRS  
MAIL STATION #16  
P.O. BOX 15275  
SACRAMENTO, CA 95851-0275

## INSTRUCTIONS AND INFORMATION FOR RETIREMENT SYSTEM ELECTION

The following instructions are to assist you and your employer in completing the Retirement System Election (Form # ES 372). The first section of the form must be completed by you with assistance from your employer. Please complete all entries above the Employer Certification section. By signing this document, you understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in up to one year in jail and a fine of up to \$5,000. Ed. Code §22010

### EMPLOYEE INSTRUCTIONS

- I. Press firmly and print clearly with **DARK INK**, or type all information requested. Do not use light colors of ink, pencil, felt pen, or erasable ink.
- II. If you should make a mistake on the Retirement System Election form, line through the error and initial.
- III. Enter your full name, last four digits of your Social Security Number, effective date of the change in employment status and position type.
- IV. **EFFECTIVE DATE** is the first date that service was or will be performed in the new position.
- V. **RETIREMENT SYSTEM COVERAGE** If you are a member of CalSTRS and have accepted employment to perform service that requires membership in CalPERS, enter an "X" in the box next to the coverage you elect. If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, enter an "X" in the box next to the coverage you elect.
- VI. **EMPLOYEE SIGNATURE** Sign and date the Retirement System Election form.
- VII. **SUBMIT** the Retirement System Election form to your employer. Retain a copy for your records.

For further information, you may contact our office toll Free **1-800-228-5453**, or by writing us at the address on the cover page.

Should you find it necessary to contact us, your correspondence should include the last four digits of your Social Security number, full name, address, and daytime telephone number.

### EMPLOYER INSTRUCTIONS

Please complete the **EMPLOYER CERTIFICATION** only after the employee has completed the required employee information. Employees must qualify for membership before they can elect.

**CO/DIST CODE/STATE DEPARTMENT** – Enter the appropriate county and district codes. Example: Kern County, Edison Elementary would be 15-012, CA Department of Education 59-174.

**EMPLOYER CERTIFICATION** – Print official's name, title and phone number, sign and date the Retirement System Election form.

**SUBMIT** the completed Retirement System Election form to the County Office of Education or if you represent a state department, send it directly to CalSTRS and send a copy to CalPERS.

### COUNTY OFFICE OF EDUCATION

Review, sign and date the Retirement System Election form.

Mail the original Retirement System Election form to the retirement system elected by the employee and a copy to the retirement system that would normally cover the service. Provide copies for the employer, employee and employee's file.

## INFORMATION

A member of the CalSTRS Defined Benefit Program who becomes employed by a school district, a community college district, a county superintendent of schools or limited state departments to perform service that requires membership by the California Public Employees' Retirement System (CalPERS) [Education Code section 22508(a)] may elect to receive credit under the CalSTRS Defined Benefit Program for such service by submitting a Retirement System Election form to CalSTRS, within 60 days of the effective date of employment in the position requiring membership in the other system. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by CalPERS will be reported to that retirement system. (Education Code 22508)

A member of CalPERS who was employed by a school employer, Board of Governors of California Community Colleges, or State Department of Education or has at least five years of CalPERS credited service and who accepts employment to perform creditable service that requires membership by the CalSTRS Defined Benefit Program [Government Code section 20309 (a)] may elect to receive credit under CalPERS for such service by submitting a Retirement System Election form to CalPERS, within 60 days of the effective date of employment in the position requiring membership in the other system. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code 20309)

# Retirement System Election

ES0372 (rev 11/13)

# CALSTRS<sup>®</sup>

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

**PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM. PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.**

## SECTION 1: MEMBER INFORMATION AND ELECTION (to be completed by employee)

NAME (LAST, FIRST, INITIAL)

FULL SOCIAL SECURITY NUMBER

HIRE DATE

EFFECTIVE DATE OF POSITION

POSITION TITLE

Credentialed

Classified

State Service

Employment in the California public school system is generally subject to coverage by either the California State Teachers' Retirement System (CalSTRS), or a different public retirement system including but not limited to the California Public Employees' Retirement System (CalPERS).

A member of CalSTRS who becomes employed by the same or a different school district, a community college district, a county superintendent of schools or limited state employment, as defined in Education Code Section 22508, to perform service that requires membership in a different public retirement system will have that service credited with that other public retirement system unless he/she files a written election (within 60 days from the date of hire in the new position) to have the service credited with CalSTRS.

A member of CalPERS who is employed by a school employer, Board of Governors of Community College Districts or State Department of Education or has at least five years of CalPERS credited service, as defined in Government Code Section 20309, and who subsequently becomes employed to perform creditable service that requires membership in CalSTRS, will have that service credited with CalSTRS unless he/she files a written election (within 60 days of the date of hire in the new position) to have the service credited with CalPERS.

I am a member of CalSTRS who has accepted employment to perform service that requires membership in a different public retirement system but am eligible to elect to continue retirement system coverage under CalSTRS.

I elect coverage in: (please choose one)

CA State Teachers' Retirement System (CalSTRS)

CA Public Employee's Retirement System (CalPERS) \*

Other: \_\_\_\_\_

OR

I am a member of CalPERS who has accepted employment to perform service that requires membership in CalSTRS but am eligible to elect to continue coverage under CalPERS.

I elect coverage in: (please choose one)

CA State Teachers' Retirement System (CalSTRS)

CA Public Employee's Retirement System (CalPERS) \*

*I fully understand that this election is irrevocable for this employer. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in up to one year in jail and a fine of up to \$5,000. (Education Code section 22010)*

EMPLOYEE SIGNATURE

DATE

## SECTION 2: EMPLOYER CERTIFICATION (to be completed by employer and County Office of Education)

I certify that the employee meets the qualifications to make a retirement system election.

CO/DIST/STATE DEPT NAME

CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL

DATE

COUNTY OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

\*CalPERS Employer Code:



ES0372

# Retirement System Election – Information and Instructions

---

The following instructions are to assist you and your employer in completing the *Retirement System Election* form (ES372). Please read the instructions and information for retirement system coverage before completing the form.

Please type or print legibly in dark ink. Do not use light colors of ink, pencil, felt pen, or erasable ink. If you should make a mistake on the form, line through the error and initial.

## INFORMATION

A member of the CalSTRS Defined Benefit Program who becomes employed by a school district, a community college district, a county superintendent of schools or limited state departments to perform service that requires membership in a different public retirement system, may elect to receive credit under the CalSTRS Defined Benefit Program for such service by submitting a *Retirement System Election* form (ES372) to CalSTRS, within 60 days of the effective date of employment in the position requiring membership in the other system. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by the other public retirement system will be reported to that retirement system. (Education Code section 22508)

A member of CalPERS who was employed by a school employer, Board of Governors of California Community Colleges, or State Department of Education or has at least five years of CalPERS credited service and who accepts employment to perform creditable service that requires membership by the CalSTRS Defined Benefit Program, may elect to receive credit under CalPERS for such service by submitting a *Retirement System Election* form (ES372) to CalPERS, within 60 days of the effective date of employment in the position requiring membership in the other system. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code section 20309).

## SECTION 1: MEMBER INFORMATION AND ELECTION

Section 1 of the form must be completed by the employee with assistance from the employer. Please complete all entries in Section 1. Keep a copy of the form for your records.

**EMPLOYEE NAME and SOCIAL SECURITY NUMBER** – Enter employee’s full name, and full Social Security Number.

**HIRE DATE** – Enter the date the employee was hired in the position.

**EFFECTIVE DATE OF POSITION** - Enter the effective date of the new position. This is the first date that service was/will be performed by the employee in the new position.

**POSITION TITLE** – Enter employee’s new position title and check the box next to the applicable position type.

### RETIREMENT SYSTEM COVERAGE:

If you are a member of CalSTRS and have accepted employment to perform service that requires membership in a different public retirement system, enter an “X” in the box next to the coverage you elect.

If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, enter an “X” in the box next to the coverage you elect.

**EMPLOYEE SIGNATURE** – Sign and date the *Retirement System Election* form (ES372). By signing this document, you understand this election is irrevocable for this employer, and that it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in up to one year in jail and a fine of up to \$5,000. (Education Code section 22010)

Submit the signed and dated *Retirement System Election* form (ES372) to your employer. Retain a copy for your records.

For further information, contact CalSTRS by calling 800-228-5453, or write to CalSTRS at P.O. Box 15275, MS 17, Sacramento, CA 95851-0275.

## SECTION 2: EMPLOYER CERTIFICATION

Section 2 of the form must be completed by the employer and the County Office of Education. Please complete the employer certification only after the employee has completed Section 1. Employees must qualify for membership before they can elect.

### EMPLOYER:

**CO/DIST CODE/STATE DEPARTMENT** – Enter the appropriate county and district codes. Example: Kern County, Edison Elementary would be 15-012, CA Department of Education 59-174.

**EMPLOYER CERTIFICATION** – Print school or state official’s name, title and phone number, sign and date the *Retirement System Election* form (ES372).

Submit the completed *Retirement System Election* form (ES 372) to the County Office of Education or if you represent a state department, send it directly to CalSTRS and send a copy to the other public retirement system.

### COUNTY OFFICE OF EDUCATION:

Review, sign and date the *Retirement System Election* form (ES372).

Mail the original *Retirement System Election* form (ES372) form to the retirement system elected by the employee and a copy to the retirement system that would normally cover the service. Provide copies for the employer, employee and employee’s file.