



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Payroll Services
GUIDE TO FILLING OUT THE PART-TIME FACULTY
RETIREMENT FORMS



This guide is provided to assist you in filling out the retirement forms.

The Office of Payroll Services requires that all retirement forms be filled out, signed, and submitted. These forms are:

- Acknowledgement of CalSTRS Membership Information
- Statement Concerning Your Employment in a Job Not Covered by Social Security (SSA-1945)
- CalSTRS Permissive Membership (ES 0350)
- CalSTRS Cash Balance Benefit Program Election (CB 533)

ALL FORMS MUST BE SIGNED AND SUBMITTED WITH YOUR HIRING PACKET.

IF A FORM IS MISSING, YOUR HIRING PACKET WILL BE CONSIDERED INCOMPLETE

AND WILL DELAY YOUR HIRING.

After reviewing the three different retirement plans (CalSTRS Cash Balance, CalSTRS Defined Benefits, and Social Security), you must **CHOOSE ONE** of retirement plans and fill out all of the required forms.

- Electing CalSTRS Defined Benefit (Permissive Membership)See Page 2
- Electing CalSTRS Cash Balance.....See Page 3
- Electing Social SecuritySee Page 4

To determine if you are a member of CalSTRS (usually with a prior teaching employment), visit the CalSTRS website at www.calstrs.com. You may need to create an account.



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ELECTING CALSTRS DEFINED BENEFIT

CalSTRS Permissive Membership (Defined Benefit) Form (ES 0350):

Permissive Membership ES 0350 REV 03/20 [For CalSTRS' Official Use Only]	 California State Teachers' Retirement System P.O. Box 15275, MS 17 Sacramento, CA 95851-0275 800-228-5453 CalSTRS.com
PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION	

**Section 2:
Check here**



Section 2: Employee Election (to be completed by employee)
Check One:

I elect membership in the CalSTRS Defined Benefit Program as of: _____ MEMBERSHIP DATE (MMDD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

I decline membership in the CalSTRS Defined Benefit Program at this time

AND: CalSTRS Cash Balance Benefit Program Election Form (CB 533):

Cash Balance Benefit Program Election CB 533 REV 10/19 [For CalSTRS' Official Use Only]	 California State Teachers' Retirement System P.O. Box 15275, MS17 Sacramento, CA 95851-0275 800-228-5453 CalSTRS.com
COVERAGE ELECTION FOR A CASH BALANCE BENEFIT PROGRAM EMPLOYER AND/OR ACKNOWLEDGEMENT OF RECEIPT OF COVERAGE INFORMATION	

**Section 2.1:
Check here**



Section 2: Election (to be completed by employee)
 Complete Section 2.1, 2.2 or 2.3 depending on which section applies to you. If you are unsure or need assistance completing one of these sections, please work with your employer.

Section 2.1 CalSTRS Defined Benefit Program MEMBER (check one):

I decline Cash Balance Benefit Program coverage for eligible creditable service performed for this employer. I understand eligible service will default to Defined Benefit Program coverage.

I elect Cash Balance Benefit Program coverage for eligible creditable service preformed for this employer. I understand my election is effective the first day of employment in the Cash Balance Benefit Program eligible position, or the date or effective date of my employer's action to provide the Cash Balance Benefit Program, whichever is later.

I previously elected Cash Balance Benefit Program coverage for creditable service performed for this employer and now elect Defined Benefit Program coverage for creditable service performed for this employer as of: _____

EFFECTIVE DATE (MM/DD/YYYY)*

*Effective Date can be no earlier than the first day of the pay period in which this election is made.



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ELECTING CALSTRS CASH BALANCE

CalSTRS Permissive Membership (Defined Benefit) Form (ES 0350):

**Section 2:
Check here**



Section 2: Employee Election (to be completed by employee)
Check One:

I elect membership in the CalSTRS Defined Benefit Program as of: _____
MEMBERSHIP DATE (MM/DD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

I decline membership in the CalSTRS Defined Benefit Program at this time
 I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.

AND: CalSTRS Cash Balance Benefit Program Election Form (CB 533):

**Section 2.1
Check here if you are a
MEMBER**



Section 2: Election (to be completed by employee)
 Complete Section 2.1, 2.2 or 2.3 depending on which section applies to you. If you are unsure or need assistance completing one of these sections, please work with your employer.

Section 2.1 CalSTRS Defined Benefit Program MEMBER (check one):

I decline Cash Balance Benefit Program coverage for eligible creditable service performed for this employer. I understand eligible service will default to Defined Benefit Program coverage.

I elect Cash Balance Benefit Program coverage for eligible creditable service performed for this employer. I understand my election is effective the first day of employment in the Cash Balance Benefit Program eligible position, or the date or effective date of my employer's action to provide the Cash Balance Benefit Program, whichever is later.

I previously elected Cash Balance Benefit Program coverage for creditable service performed for this employer and now elect Defined Benefit Program coverage for creditable service performed for this employer as of: _____
EFFECTIVE DATE (MM/DD/YYYY)*

*Effective Date can be no earlier than the first day of the pay period in which this election is made.

OR

**Section 2.2
Check here if you are
a NON-MEMBER**



CALSTRS Client ID: _____ OR SSN: _____

Section 2.2 CalSTRS Defined Benefit Program NON-MEMBER (check one):

I decline alternative retirement plan coverage for eligible creditable service performed for this employer, or no such coverage is offered by my employer. I understand eligible service will default to Cash Balance Benefit Program coverage.

I elect alternative retirement plan coverage for eligible creditable service performed for this employer. I understand my election is effective the first day creditable service is performed in the eligible position or the date or effective date of my employer's action to provide the alternative retirement plan, whichever is later.

I previously elected alternative retirement plan coverage for creditable service performed for this employer and now elect Cash Balance Benefit Program coverage for creditable service performed for this employer as of: _____
EFFECTIVE DATE (MM/DD/YYYY)*



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ELECTING SOCIAL SECURITY

CalSTRS Permissive Membership (Defined Benefit) Form (ES 0350):

**Section 2:
Check here**



Section 2: Employee Election (to be completed by employee)
Check One:

I elect membership in the CalSTRS Defined Benefit Program as of: _____
MEMBERSHIP DATE (MM/DD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

I decline membership in the CalSTRS Defined Benefit Program at this time
 I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.

AND: CalSTRS Cash Balance Benefit Program Election Form (CB 533):

**Section 2.2:
Check here**



CALSTRS Client ID: _____ OR SSN: _____

Section 2.2 CalSTRS Defined Benefit Program NON-MEMBER (check one):

I decline alternative retirement plan coverage for eligible creditable service performed for this employer, or no such coverage is offered by my employer. I understand eligible service will default to Cash Balance Benefit Program coverage.

I elect alternative retirement plan coverage for eligible creditable service performed for this employer. I understand my election is effective the first day creditable service is performed in the eligible position or the date or effective date of my employer's action to provide the alternative retirement plan, whichever is later.

I previously elected alternative retirement plan coverage for creditable service performed for this employer and now elect Cash Balance Benefit Program coverage for creditable service performed for this employer as of: _____
EFFECTIVE DATE (MM/DD/YYYY)*