

RETIREMENT SYSTEM ELECTION

ES 372 (05/09)

PLEASE READ THE AT				
BEFORE COMPLETING THIS FORM PLEASE TYPE OR PRINT LEGIBLY IN DARK INK			CalSTRS USE ONLY	
TO BE COMPLETED BY EMPLOYEE				
Name: (Last)	(First)	(Initial)		Number: (last four digits)
EFFECTIVE DATE (Mo/Day/Yr)	POSITION TITLE			
	Credentialed	d E	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 the California Public Employees' Retirement System (CalPERS). Employment in a position to perform "creditable service," as defined in Education Code Section 22119.5, is usually credited in CalSTRS, while classified (non-certificated) employment is usually credited in CalPERS.				
A member of CalSTRS who becomes employed state employment, as defined in Education Code CalPERS unless he/she files a written election (v	Section 22508, to perform se	ervice that requires mer	nbership in CalPERS will h	have that service credited with
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.				
service that requires membership in CalPERS but you may elect to continue retirement system coverage under CalSTRS. Please enter an "X" in the box next to the coverage you elect.			member of CalPERS who has accepted employment to perform t requires membership in CalSTRS but you may elect to continue nder CalPERS. Please enter an "X" in the box next to the ou elect. CALIF PUBLIC EMPLOYEES' RETIREMENT SYSTEM CALIF STATE TEACHERS' RETIREMENT SYSTEM	
I fully understand that this election is irrevocable for this employer.				
EMPLOYEE SIGNATURE			DATE	
	EMDI OVE			
EMPLOYER CERTIFICATION				
I certify that the employee meets the qualifications to make a retirement system elect CO/DIST/STATE DEPT NAME				E OR STATE DEPT
SCHOOL/STATE OFFICIAL'S NAME and PHONE NUMBER			TITLE	
SIGNATURE OF SCHOOL/STATE OFFICIAL			DATE	
COUNTY OFFICIAL'S NAME and PHONE NUMBER			TITLE	
SIGNATURE OF COUNTY OFFICIAL			DATE	
CalPERS Employer Code:				

