

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
OFFICE OF HUMAN RESOURCES**

Retirement Plan Change Form

I am currently enrolled in:

_____ Social Security (FICA)

_____ CalSTRS Cash Balance (CB)
(CB members may only elect into DB)

_____ PARS

CalSTRS Defined Benefit (DB) – Elections made into the
CalSTRS Defined Benefit are irrevocable

I would like to change to:

_____ CalSTRS Cash Balance *

_____ CalSTRS Defined Benefit *

Y N Defined Benefit Election due to full-time
employment at another district ?
(Circle Y for yes N for no)

Signature

Date

Employee Name (Print)

Social Security Number

* Cash Balance - please submit SSA-1945, CB 533 (Cash Balance Election) and MS0002 (Beneficiary Designation)

* Defined Benefit – please submit SSA-1945, ES350 (DB Permissive Election) and MS0002 (Beneficiary Designation)

For information please contact Patti Conens at (650) 949-6220 or Anna Luna
at (650) 949-6219.

Received _____

Effective Payroll _____