MERCED COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

3199 "M" Street
Merced, California 95348

MEMBER'S ENROLLMENT FORM

PLEASE PRINT ALL INFORMATION

(Last Name) (First Name) (Middle Initial) (Date of Birth)

(Complete Address) (Home Phone/Cell Number)

☐ Male
☐ Female

☐ Married/Domestic Partner Registration
☐ Single

(Date entered County) (Salary) (Present Department) (Position)

ARE YOU A MEMBER OF ANY OTHER PENSION OR RETIREMENT SYSTEM? ☐ NO ☐ YES
STATUS OF OTHER SYSTEM ☐ RETIRED ☐ ACTIVE
(Name of other retirement system)

HAVE YOU EVER WORKED FOR MERCED COUNTY EITHER AS A PART TIME EMPLOYEE OR FULL TIME EMPLOYEE BEFORE? ☐ NO ☐ YES
Date:

PLEASE PROVIDE YOUR BENEFICIARY INFORMATION BELOW. THIS PERSON WILL RECEIVE YOUR CONTRIBUTIONS AND A DEATH BENEFIT IN CASE OF YOUR DEATH WHILE IN ACTIVE SERVICE (IF APPLICABLE).

(Beneficiary Name and Address) (Beneficiary's Social Security No) (Date Of Birth) (Relationship)

THE UNDERSIGNED, BEING DULY SWORN, STATES THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

(Employee's Social Security No.) (Date-Employee) (Employee's Signature)

WAIVER OF MEMBERSHIP: You may waive membership in MCERA only if either condition applies to you.

1. **YOU ARE AN EMPLOYEE ENTERING MCERA AT AGE 60 OR OLDER:** If you are a non reciprocal member entering MCERA membership at age 60 or older, membership is not mandatory and may be waived
2. **YOU ARE AN ELECTED OFFICIAL:** If you are an elected official, MCERA membership is not mandatory. By completing this form per Government Code Section 31553, you are declaring your intention to become a member of MCERA and cannot retire or withdraw your contributions until your term has ended or you have resigned from your elected position. If you have elected to become a member of MCERA and serve for another term your membership will automatically continue unless you request in writing to end MCERA membership before the next term start date.

If neither condition applies membership is mandatory. **You must notify MCERA immediately if you do not wish to join MCERA even if you do not complete this form. For anyone eligible and wishing to waive membership, a signed Waiver of Membership Acknowledgement form is required.** Failure to contact MCERA may result in retirement contributions being withheld automatically.

(Date-Auditor) (Auditor's Signature)

RETIREMENT OFFICE USE ONLY

(Age) (Contribution Rates) (Tier and Type) (Section No.) (Salary)

Date of service terminated or retirement	Amount Refunded	Date of Payment