

Acknowledgment of Receipt of Election Information Retirement System Coverage

A member of the California Teachers' Retirement System (CalSTRS) Defined Benefit Plan who changes employment in a school district, community college district or county superintendent of schools, to a position covered by another California public retirement system may elect to continue coverage by CalSTRS for public school service subject to membership in the other public retirement system. The member must make the election within 60 days following the date of hire into the new position.

Education Code Section 22509 requires employers to provide all employees who have such a change in employment with information regarding their right to elect to continue CalSTRS membership pursuant to Education Code Section 22508. **Within 10 working days** of the date of hire, the employer must inform the employee of the right to make an election and must make available to the employee written information provided by the retirement systems to assist the employee in making an election. Any election made pursuant to Section 22508 must be filed with CalSTRS and the other public retirement system. Once received and accepted by CalSTRS, the election becomes effective as of the first day of employment in the position that qualified the member to make an election.

Please Type or Print Legibly in Black Ink

EMPLOYEE IDENTIFICATION			
Name: (Last)	(First)	(Initial)	Social Security Number: - -
Position Title:			Effective Date of Hire: / /

EMPLOYEE CERTIFICATION	
I have received information concerning the Retirement System Election, the CalSTRS Defined Benefit Plan and the other public retirement system that usually covers the service performed in my new position.	
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 fine up to \$5,000. Education Code §22010	
Signature ➤	Date ➤

EMPLOYER CERTIFICATION	
I certify that the above named employee has been informed of his or her right to elect to continue membership in the CalSTRS Defined Benefit Plan, and has been given information provided by both retirement systems pursuant to Education Code Section 22509.	
Official's Name & Title:	
County (or Other Employing Agency)	District:
Signature ➤	Date ➤

