

Permissive Membership

ES 0350 (Rev. 6/11)



California State Teachers' Retirement System
 P.O. Box 15275, MS 17
 Sacramento, CA 95851-0275
 800-228-5453
 CalSTRS.com

PERMISSIVE ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PLAN MEMBERSHIP INFORMATION

An employee who performs creditable service (Education Code Section 22119.5), and who is excluded from mandatory membership pursuant to Section 22601.5, 22602, or 22604, may elect membership in the California State Teachers' Retirement System (CalSTRS) Defined Benefit Program at any time while employed to perform creditable service. If you elect membership below, then your election becomes irrevocable until you terminate employment. This form containing your election must be on file with CalSTRS before your employer submits contributions into the program.

EMPLOYEE CERTIFICATION			
NAME (LAST, FIRST, INITIAL)		CLIENT ID OR SOCIAL SECURITY NUMBER	
MAILING ADDRESS		POSITION TITLE ()	
CITY	STATE	ZIP CODE	HOME TELEPHONE
E-MAIL ADDRESS			
<p>With my signature below, I certify that I have received information from my employer on my eligibility to elect membership in CalSTRS Defined Benefit Program and that I am making the following election. I fully understand this election is irrevocable and applies to all future creditable service until I terminate employment.</p> <p>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 penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code Section 22010).</p>			
I elect membership <input type="checkbox"/>		I decline membership at this time <input type="checkbox"/>	
SIGNATURE		DATE	

TO BE COMPLETED BY EMPLOYER						
<p>With my signature below, I certify that the above-named employee has been provided with the membership criteria for the CalSTRS Defined Benefit Program, and if applicable, was informed within 30 days of hire that they may elect membership in the Program at any time while employed. (Education Code section 22455.5).</p>						
OFFICIAL'S SIGNATURE				Name and TITLE		
COUNTY (or Other Employing Agency)				DISTRICT		
EMPLOYEE #	SEX	BIRTHDAY	MEMBERSHIP DATE	ASSIGNMENT		
	MALE FEMALE	(MO/DAY/YEAR)	(MO/DAY/YEAR)	FT	PT	SUB

