



Marin County Employees' Retirement Association  
 One McInnis Parkway, Suite 100, San Rafael, CA 94903-2764  
 Main: (415) 473-6147 • Fax: (415) 473-3612 • Web: www.mccera.org

# MEMBERSHIP ENROLLMENT FORM

***Must be completed by all new  
 MCERA eligible employees***

**EMPLOYER: Send the completed form to MCERA immediately.  
 MCERA needs to process the form before the end of the employee's first pay period.**

**SECTION 1: MEMBER INFORMATION**

LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NUMBER	
EMPLOYER		DEPARTMENT		JOB CLASSIFICATION		EMPLOYMENT DATE
STREET ADDRESS					PHONE NUMBER	
CITY		STATE	ZIP	EMAIL ADDRESS		
BIRTH DATE		OTHER NAMES USED				
<input type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Domestic Partner		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> General <input type="checkbox"/> Safety

***PLEASE NOTE:*** A certified copy of a birth certificate or other acceptable evidence of birth date is **required** by the Retirement Board and must be furnished by the employee. Failure to submit an acceptable proof-of-age document may result in a pension contribution rate that is higher than would otherwise be required. If you cannot submit the required documentation of your date of birth please contact MCERA.

**SECTION 2: BENEFICIARY INFORMATION**

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary Percentage: <input style="width: 40px; border: 1px solid black;" type="text"/> %	NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
	STREET ADDRESS				PHONE NUMBER
	CITY	STATE/COUNTRY	ZIP	RELATIONSHIP TO MEMBER	
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary Percentage: <input style="width: 40px; border: 1px solid black;" type="text"/> %	NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
	STREET ADDRESS				PHONE NUMBER
	CITY	STATE/COUNTRY	ZIP	RELATIONSHIP TO MEMBER	
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary Percentage: <input style="width: 40px; border: 1px solid black;" type="text"/> %	NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
	STREET ADDRESS				PHONE NUMBER
	CITY	STATE/COUNTRY	ZIP	RELATIONSHIP TO MEMBER	
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary Percentage: <input style="width: 40px; border: 1px solid black;" type="text"/> %	NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
	STREET ADDRESS				PHONE NUMBER
	CITY	STATE/COUNTRY	ZIP	RELATIONSHIP TO MEMBER	

***[Please complete page 2 on reverse.]***

LAST NAME (PLEASE PRINT)

# MEMBERSHIP ENROLLMENT FORM

## SECTION 3: EMPLOYMENT HISTORY

In order to place you in the correct retirement benefit plan and to deduct the correct amount of retirement contributions from your paycheck, please answer the following questions to the best of your knowledge and return this form to your payroll processor as soon as possible.

*Based upon the information contained in your responses, MCERA will determine your initial retirement plan placement. If the information cannot be verified by MCERA, you may be transferred into a different retirement plan and you may owe arrears contributions.*

**1. Prior to your new employment, were you ever a permanent employee of the County of Marin, City of San Rafael, LAFCO, Marin City Community Services District, Marin/Sonoma Mosquito and Vector Control District, Marin Superior Court, Novato Fire Protection District, Southern Marin Fire Protection District, or Tamalpais Community Services District?**

- Yes (If Yes, please complete question 3)
- No (If No, please continue to question 2)

**2. Are you currently or were you ever an employee of another public agency in the State of California (e.g., City of Sausalito, County of Sonoma, State of California)?**

- Yes (If Yes, please complete question 3)
- No (If No, skip question 3)

**3. If you are/were employed by another public agency, answer the following questions for the most recent public agency that you are/were employed by.**

- a) What is the name of that agency? \_\_\_\_\_
- b) Were you an employee of that agency on or before December 31, 2012?  
 Yes  No
- c) What was the last date of your employment with that agency? (If you don't remember the exact date, complete as many of the blanks as you can.)  
Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_
- d) Are/were you a member of that agency's retirement system?  
 Yes  No  Don't know/not sure
- e) If your answer to "d" is Yes, did you withdraw your contributions from that retirement system?  
 Yes  No  Don't know/not sure
- f) If your answer to "d" is Yes, are you currently a retiree of that retirement system?  
 Yes  No

I understand that failure to submit an acceptable proof-of-age document may result in a pension contribution rate that is higher than what would otherwise be required. I certify under penalty of perjury that the foregoing is true and correct.

EMPLOYEE SIGNATURE

DATE

### THIS SECTION FOR HUMAN RESOURCES AND MCERA USE ONLY

Date Entered System: \_\_\_\_\_ Age: \_\_\_\_\_ Contribution Rate: \_\_\_\_\_

Job Classification: \_\_\_\_\_ # \_\_\_\_\_ Bargaining/Fringe Group: \_\_\_\_\_