Human Resource Services

Retirement Questionnaire

Sacramento City Unified School District

NAME: _____
Last   First   Middle   Maiden

ADDRESS: _____
Number and Street   City   State

DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____

If you are a <u>RETIRED</u> teacher, please check here and disregard questions below. ☐

STRS INFORMATION

1. Are you now a member of the California State Teachers Retirement System (STRS)?

   ☐ Yes   ☐ No

2. If you were a member in the past and withdrew your contributions (and have not re-established membership), what year did you withdraw your contributions? _____

   Under what name were you a member? _____

3. In what California county did you last teach? _____

4. If you have never been a member of the STRS, please check here. ☐

Requirements for Membership in the State Teachers Retirement System (STRS)

Membership in the STRS is mandatory whenever a non-contract employee (except long-term or day-to-day substitutes) works sixty (60) hours or ten (10) days in a pay period. This <u>required</u> membership continues even though the hours or days worked per pay period decrease. <u>Long-term or day-to-day substitutes</u> mandatorily qualify for STRS after he/she has served 100 days.

Employees who are not <u>required</u> to join the STRS may <u>elect</u> to join if they desire. If you elect to join, you <u>must</u> contact the retirement technician at 643-9064, or write to him/her at the Sacramento City Unified School District, P.O. Box 246870, Sacramento, CA, 95824-6870. Include your telephone number and address in your letter so we may contact you if necessary.

PERS INFORMATION

1. Are you now, or have you ever been, a member of the Public Employees' Retirement System?

   ☐ Yes   ☐ No

2. If you were a member in the past and withdrew your contributions (and have not re-established membership), what year did you withdraw your contribution? _____

3. Certificated: **If you answered question 1 <u>yes</u>**, do you wish to continue your membership in PERS instead of joining STRS?

   ☐ Yes   ☐ No

SIGNATURE: _____ DATE: _____