

# OCERS Forms: Member Affidavit

OCERS must receive a **fully completed** Member Affidavit in order to process the enrollment of a new member. The information listed below is **required** for all newly hired employees. No spaces should be left blank and the information should be typed or legibly printed.

The Member Affidavit is available in the Plan Sponsor section on the OCERS Web site at [www.ocers.org](http://www.ocers.org)

## Section 1: Member Information

First Name		M.I.	Last Name		Social Security Number
Home/Mailing Address					Home Phone Number
City		State	Zip Code		Work Phone Number
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	If married - Date of Marriage	

- 1) Name: First Name, Middle Initial, Last Name
- 2) Social Security Number: full 9 digits
- 3) Home or mailing address
- 4) Home and work phone numbers
- 5) Date of Birth (include month, day and year)
- 6) Gender
- 7) Marital Status (and if married, the **date of the marriage**)

## Section 2: Beneficiary Designation

### Primary beneficiary designation(s) - (percent of Benefit must total 100%)

Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address				
City		State	Zip Code	

The following information is **required** for each beneficiary listed:

- 1) Beneficiary's full name and address
- 2) Beneficiary's Social Security Number
- 3) Beneficiary's date of birth (month, day, year)
- 4) The relationship of the beneficiary to the employee (i.e. mother, husband, daughter)
- 5) **Percent of benefit**: For one listed primary beneficiary, the total percent should be 100%. If more than one primary beneficiary is listed, then the total percent of all the primary beneficiaries must equal 100%

For one listed alternate beneficiary, the total percent should be 100%. If more than one alternate beneficiary is listed, then the total percent of all the alternate beneficiaries must equal 100%

**Note:** If an employee wishes to list more than two primary beneficiaries (or more than two alternate beneficiaries), they may be listed on the OCERS Beneficiary Change Form, which should be attached to the Member Affidavit. This form is available in the Forms and Publications section on the OCERS website at [www.ocers.org](http://www.ocers.org).

**Important information about beneficiaries:** a spouse, ex-spouse, registered domestic partner, ex-registered domestic partner, and/or children **may have legal rights that supersede the rights of a designated beneficiary**. Additional information may be found in the OCERS Summary Plan Descriptions (SPD) in the chapter entitled "Survivor Benefits". Current SPD's for all plans are available at [www.ocers.org](http://www.ocers.org)

**Listing a trust or estate as primary beneficiary is not recommended**, especially if the member has a spouse or minor child(ren), as a trust is not eligible to receive a monthly continuance in the event of the member's death, but may only receive a lump sum.

### Section 3: Previous California Public Service

Are you a member of any other public retirement system in the state of California?  Yes  No

If yes, complete below:

Name of the other retirement system:

Your status :  Active Member  Inactive Member (not receiving benefits)  Retired (receiving benefits)

This information is essential so OCERS can establish reciprocity for members who have eligible service with other retirement systems, such as CalPERS, LACERA, CalSTRS, and so on. If the new employee is a member of another retirement system, they must list the name of the other system and their current status, as OCERS must contact the other system to verify employment dates before we can confirm reciprocity.

### Section 4: Member Certification

I hereby affirm that the statements I have made on this Member Affidavit are true and correct to the best of my knowledge and belief.

Member Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

The fully completed Member Affidavit must be signed and dated by both the member (the employee) and a witness (typically someone from Human Resources). Both the member and the witness should list a phone number, in the event OCERS needs to verify information provided.

### Section 5: To Be Completed by Agency Personnel

Date Entered Continuous Service		Present Employer		Plan: <input type="checkbox"/> General
				<input type="checkbox"/> Safety
Payroll Title	Agency	Title Code	Payroll Range	Salary

This information is required and **must be correct** in order for OCERS to (1) enroll the member in the correct plan, and (2) ensure that the member is paying the correct contribution rate. **All fields must be complete**