



ENROLLMENT AFFIDAVIT

**FORM
101**
(Rev. 2025)

Purpose of this form: Form 101 advises CCCERA that you are a new employee or a rehire who may be eligible for CCCERA membership. This form is **required** to be completed for CCCERA membership.

Instructions: Employee must fill out sections 1, 2, 3, and 4; the Employer must return the completed form to CCCERA. Complete the form in blue/black ink and submit the original document only; fax/email copies will not be accepted.

For more information on your membership such as purchasing service credit, vesting eligibility, or reciprocity, please see the Benefit Handbooks at cccera.org/benefit-handbooks for more information.

Additional forms for employees related to membership enrollment:

- Beneficiary Designation Form 102 (Required)
- Event of Death During Active Membership Form 104 (Optional)
- Complete CCCERA Reciprocity Form 103 (Optional)

Section 1: MEMBER INFORMATION			
First Name	MI	Last Name	Last 4 of Social Security Number
Street or P.O. Box	City		State Zip Code
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Date of Birth (mm/dd/yyyy)
Email Address		Phone Number	

Section 2: EMPLOYMENT INFORMATION		
Employer	Working Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Scheduled hours per week
Position/Job Title		Hire date
Contribution Information I have contributed to CCCERA before this present employment. <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits Information I currently receive a monthly benefit payment from CCCERA. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3: PREVIOUS CALIFORNIA PUBLIC SERVICE	
Were you ever a member of any other public retirement system in California?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
Do you still have retirement funds on deposit with any other public retirement system in California?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
**If you answered yes to any of the above questions and would like to request reciprocity with CCCERA, please complete CCCERA Reciprocity Form 103 and return the original to CCCERA.	

Section 4: MEMBER ACKNOWLEDGMENT OF INFORMATION	
I understand that by accepting employment in a specific retirement system, I am subject to the laws and regulations administered by that system. Sworn statement – Pursuant to Code 31526 and Code of Civil Procedure Section 2015.5, I declare, under penalty of perjury, that the foregoing statements are full, true, and correct.	
Member's Signature (Required)	Date (mm/dd/yyyy)



BENEFICIARY DESIGNATION

**FORM
102**
(Rev. 2025)

Purpose of the Form: Form 102 is used to designate or change beneficiaries to receive your CCCERA death benefits. This form is **required** to be completed for CCCERA membership.
Instructions: Complete the form in blue/black ink and return it to CCCERA. Submit the original document only; fax/email copies will not be accepted.

Section 1: Member Information				
Check one: <input type="checkbox"/> New Member <input type="checkbox"/> Beneficiary Change		Check one: <input type="checkbox"/> Active <input type="checkbox"/> Deferred		
First Name	MI	Last Name		Last 4 of Social Security Number
Street or P.O. Box	City	State	Zip Code	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Daytime Phone Number (with area code)	Email Address		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

NOTE: If you are not naming your spouse/registered domestic partner as 100% assigned primary beneficiary, your spouse/partner's signature is required on the reverse side of this form in Section 5 and must be witnessed by a notary public.

Each person you name that shares the benefit must have a percentage assigned and add up to 100%. If you do not indicate a percentage, the benefit(s) will be divided into equal parts. If you need to list additional beneficiaries, follow the same format of this form on a separate sheet of paper, sign/date and attach it. If you are married, in a domestic partnership or have minor children, your spouse/partner or minor children may have superior rights over any other person you name as a beneficiary. Some beneficiaries may not be eligible to receive certain monthly continuances or benefits.

IF YOU ARE NAMING A MINOR: Funds may not be dispersed for minor children until legal guardianship is established. If a beneficiary is a minor and you wish to name an adult to receive and manage payments for the minor without court appointment or court supervision until an age you choose, name the minor as a beneficiary using this format: [Name of adult] as custodian for [Name of minor] until age [choose a number at least 18 but not more than 25]. Provide their date of birth, social security number, relationship and use the adult's address and telephone number. Alternatively, you may simply name the minor as beneficiary without naming a custodian, in which case court appointment and supervision of a guardian will be required, and all funds will be distributed to the beneficiary at age 18.

Unless you provide otherwise, if you name multiple beneficiaries, in the event beneficiaries have pre-deceased you, CCCERA will pay equal shares to the surviving beneficiaries.

In accordance with the County Employees' Retirement Act of 1937 (CERL), I understand that I am revoking all previously named beneficiaries and now nominate as my beneficiary, to receive any benefits in the event of my death prior to retirement, the following person(s):

Section 2: Primary Beneficiary or Beneficiaries					
(1) First Name		MI	Last Name		Benefit %
Street or P.O. Box		City		State	Zip Code
Phone Number	Date of Birth – mm/dd/yyyy	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Relationship	Last 4 of Social Security Number
(2) First Name		MI	Last Name		Benefit %
Street or P.O. Box		City		State	Zip Code
Phone Number	Date of Birth – mm/dd/yyyy	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Relationship	Last 4 of Social Security Number
(3) First Name		MI	Last Name		Benefit %
Street or P.O. Box		City		State	Zip Code
Phone Number	Date of Birth – mm/dd/yyyy	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Relationship	Last 4 of Social Security Number

Acknowledgment		
Beneficiary information WILL NOT be accepted without your signature. If you are married or in a registered partnership, your spouse/partner's signature is required in (Section 5) as notification of your change of beneficiary designation. This new designation cancels all previous designations.		
Member Signature (Required)	Printed Name	Date – mm/dd/yyyy

Contra Costa County Employees' Retirement Association
1200 Concord Avenue, Suite 300, Concord, CA 94520
Phone 925-521-3960 • Fax 925-521-3969 • cccera.gov



BENEFICIARY DESIGNATION

**FORM
102**
(Rev. 2025)

Section 3: Secondary Beneficiary or Beneficiaries					
(1) First Name		MI	Last Name		Benefit %
Street or P.O. Box		City		State	Zip Code
Phone Number	Date of Birth – mm/dd/yyyy	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Relationship	Last 4 of Social Security Number
(2) First Name		MI	Last Name		Benefit %
Street or P.O. Box		City		State	Zip Code
Phone Number	Date of Birth – mm/dd/yyyy	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Relationship	Last 4 of Social Security Number
Section 4: Trust Information					
(Complete this section only if you are naming a trust as your beneficiary)					
Official Name of Trust				Tax ID Number	
Contact Person for Trust				Telephone Number of Contact	
Acknowledgment					
Please note that only a lump sum death benefit can be paid to a trust. If your survivor or beneficiary is eligible for a monthly continuance upon your death, that continuance cannot be paid to a trust.					
Member Signature (Required only if you are naming a trust)		Printed Name		Date – mm/dd/yyyy	
Section 5: Signature of Member's Spouse/Partner					
(Spousal Waiver) Only if 100% is not assigned to your spouse/registered domestic partner trust as your beneficiary. Must be witnessed by Notary Public (below).					
I acknowledge and consent to this beneficiary designation. I further understand that if a beneficiary, other than myself has been named in Section 2 that I am waiving any survivor benefits to which I may become eligible to receive from CCCERA.					
Spouse/Registered Domestic Partner Signature		Printed Name of Spouse/Registered Domestic Partner		Date – mm/dd/yyyy	



BENEFICIARY DESIGNATION

**FORM
102**
(Rev. 2025)

Notary – California All Purpose Acknowledgement

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of _____)

On _____ before me, _____
Date Here Insert Name and Title of the Officer
personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above



ABOUT COORDINATING RETIREMENT BENEFITS BETWEEN RECIPROCAL SYSTEMS

**FORM
103**
(Rev. 2025)

Reciprocity

As a member of the CCCERA, you may be eligible for the benefits of reciprocity. Reciprocity is an agreement among public retirement systems to allow members to move from one public employer to another public employer within a specific time limit without losing some valuable privileges related to your retirement benefits.

There is no transfer of funds or service credit between retirement systems when you establish reciprocity. You become a member of both systems and are subject to the membership obligations and rights of each system (for example, minimum retirement age may vary between systems), except as modified by the reciprocity agreement. You must apply to retire from each system separately, and you will receive separate retirement allowances from each system. **You must retire on the same date from each public retirement system participating in a reciprocal agreement for all benefits of reciprocity to apply.**

Reciprocal Retirement Systems

CCCERA is reciprocal with the other county retirement systems under the 1937 Act, as well as CalPERS and any system that has a reciprocal agreement with CalPERS. To verify whether a system has reciprocity with CCCERA, contact our office.

Reciprocity Benefits & Requirements

The following benefits and requirements apply to CCCERA members who make a qualified move between reciprocal retirement systems.

- **Legacy Benefit Tier**

The California Public Employees' Pension Reform Act of 2013 (PEPRA) requires new benefit tiers for new members on or after January 1, 2013. Reciprocal members who were in a legacy (pre-PEPRA) tier with a prior reciprocal employer will be eligible for a legacy tier with CCCERA.

- **Member Contribution Rate Based on Age at Entry (Legacy Tiers Only)**

Retirement formulas for CCCERA legacy tier members are based on age at entry; with a lower age at entry generally meaning a lower contribution rate. CCCERA uses the age at entry of the first reciprocal system to determine the contribution rate.

- **Highest Final Compensation**

CCCERA will compute your average final compensation based on the highest rate of pay under any system, as long as you retire on the same date from all systems. Systems will use either a 12- or 36-month consecutive highest final compensation depending on benefit tier.

- **Qualification for Benefits**

Service earned under all reciprocal systems may be used to meet each system's vesting and retirement eligibility requirements.



ABOUT COORDINATING RETIREMENT BENEFITS BETWEEN RECIPROCAL SYSTEMS

**FORM
103**
(Rev. 2025)

Reciprocity Requirements

When changing retirement systems, you must satisfy several statutory conditions, as follows, in order to receive the full benefits of reciprocity:

- **Maintain Membership**

You must continue membership in the first retirement system by leaving your service credit and contributions (if any) on deposit.

- **Movement to a New Reciprocal System**

You must have a date of membership in the new system within six months of leaving the old system. When entering CCCERA the six months is extended to one year if termination was due to lay off because of a lack of work, a lack of funds, or a reduction in workforce.

- **No Overlapping Service**

You must discontinue your employment relationship from the first system before entering membership with the subsequent system.

- **Concurrent Retirement between Reciprocal Systems**

In order to receive full reciprocal benefits, you must retire on the same date from both or all systems by submitting a retirement application in accordance to the rules and regulations associated with each system.

- **Exceptions and Restrictions**

Certain exceptions and restrictions may exist. Eligibility for reciprocity is determined by the retirement laws in effect at the time of movement between retirement systems

Important Restrictions

- **Concurrent Employment**

Reciprocity does not apply when your employment under the first retirement system overlaps your employment under the new system. For the benefits of reciprocity to apply, you must terminate employment under the first system prior to becoming a member of the new system. Reciprocity may not be established even if the overlapping time is due only to using vacation or leave time with the first employer while becoming member of the new system.

- **Refund Restriction**

Some retirement systems may not allow you to withdraw your member contributions while you are employed in a position covered by a reciprocal retirement system.

Reinstatement From Retirement

If in the future you reinstate to active employment in a CCCERA-covered position and have retired under reciprocity, there is no provision in the law to allow you to apply reciprocal rights to your subsequent retirement since you will no longer be retired from both systems on the same date.

If you have any questions regarding reciprocity, including the requirements, restrictions or benefits of reciprocity, contact our office



ELECTION TO COORDINATE RETIREMENT BENEFITS BETWEEN RECIPROCAL SYSTEMS

**FORM
103**
(Rev. 2025)

Purpose of this Form: Use this form when entering or leaving CCCERA to advise CCCERA that you want to coordinate your retirement benefits among reciprocal retirement system.

Instructions: Complete form in blue/black ink and return to CCCERA. Submit original document only; fax/email copies will not be accepted.

Member Information		
Full Name		Last 4 of Social Security Number
Street or P.O. Box		Apt. #
City	State	Zip Code
Daytime Phone Number (with area code)	Email Address	Date of Birth – mm/dd/yyyy

Employment Information	
Retirement System You Are Leaving*	Date of Separation – mm/dd/yyyy
Retirement System You Are Entering	Date of Employment – mm/dd/yyyy

Member Acknowledgment	
<p>*I certify that I left my funds on deposit (or redeposited my funds) with that employer’s retirement system.</p> <p>I understand that by accepting employment in a specific retirement system, I am subject to the laws and regulations administered by that system. I understand that in order to retain the benefits of reciprocity, my contributions may not be withdrawn from CCCERA or any reciprocal public agency retirement system while I am in employment as a member of CCCERA or any reciprocal public agency. Furthermore, this information may be shared with the other retirement system.</p> <p>Upon signing and returning this document, I am electing to coordinate retirement benefit rights between reciprocal retirement systems, where applicable, and I intend to retire from all reciprocal systems concurrently.</p>	
Employee Signature	Date – mm/dd/yyyy



DEATH DURING ACTIVE MEMBERSHIP

MEMBER ELECTION FORM FOR OPTIONAL ALLOWANCE IN THE EVENT OF DEATH DURING ACTIVE MEMBERSHIP

FORM

104

(Rev. 2025)

Purpose of the form: Form 104 authorizes CCCERA to file an application for non-service connected disability on your behalf, in the event that you are permanently incapacitated by reason of injury or other disability leading to death while you are an active member of CCCERA; it allows you to preselect an Optional Settlement, pursuant to CERL Section 31762 or 31764 or the successor section. This form is optional and is not required to be completed for CCCERA membership. Please contact CCCERA if you have any questions.

Instructions: Complete form in blue/black ink and return it to CCCERA. Submit original document only; fax/email copies will not be accepted.

Section 1: MEMBER INFORMATION

Full Name	Employee #	Last 4 of Social Security Number
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STOP – Your choice must match the beneficiaries chosen in your *Beneficiary Designation Form (Form 102)* and a SIGNATURE(s) and adult witness is required below in order for this form to be valid.

Section 2: ELECTION OF OPTIONAL SETTLEMENT

To the Board of Retirement:

- I choose Optional Settlement 2 (up to 100% continuance to one beneficiary) I only have 1 primary beneficiary listed on Form 102 – Beneficiary Designation Form.
- I choose Optional Settlement 4 (up to 100% continuance divided among more than one beneficiary) I have 2 or more primary beneficiaries listed on Form 102 – Beneficiary Designation Form.

Section 3: AUTHORIZATION TO FILE NON-SERVICE CONNECTED DISABILITY RETIREMENT APPLICATION

I understand that the beneficiary(ies) of the allowance that continues after my death is (are) the beneficiary(ies), having an insurable interest in my life, on file at CCCERA at the time of my death as were designated by me on a *Beneficiary Designation Form (Form 102)*, a separate form.

I understand that by signing this form I elect a monthly allowance for my beneficiary(ies) in lieu of any other death benefit including the return of accumulated contributions under CERL Section 31781.

I understand that this election is binding on me unless I withdraw this election before the first payment of any retirement allowance is made to me, and that at retirement I may make another election of an Optional Settlement, or choose to receive the unmodified allowance, under CERL.

In accordance with the provisions of CERL, I hereby authorize CCCERA to file an application for a non-service connected disability retirement on my behalf in the event that I am permanently incapacitated by reason of injury or other disability leading to death while I am an active member of CCCERA. I understand that, if granted, this will entitle my survivor(s) to receive a non-service connected disability retirement survivor continuance under Optional Settlement 2 or 4.

In accordance with the provisions of the County Employees Retirement Law of 1937 (CERL), and the by-laws and regulations governing the Contra Costa County Employees' Retirement Association (CCCERA), I hereby elect an Optional Settlement, pursuant to CERL Section 31762 or 31764 or successor section.

Member Signature (Required)	Date (mm/dd/yyyy)
Adult Witness Signature (Required; any adult witness may sign)	Date (mm/dd/yyyy)
Adult Witness Name (Print)	

Contra Costa County Employees' Retirement Association
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DEATH DURING ACTIVE MEMBERSHIP

MEMBER ELECTION FORM
FOR OPTIONAL ALLOWANCE IN THE EVENT OF
DEATH DURING ACTIVE MEMBERSHIP

FORM

104

(Rev. 2025)

Survivor Benefits: Active Member Death (Pre-Retirement)

Death and continuing benefits depend on several factors. If a member dies prior to retirement, death benefits are determined based on:

- Member status (active or deferred)
- Category of death (service-connected or non-service connected)
- Retirement Service Credit
- Relationship of recipient to member (eligible survivor or named beneficiary)

To qualify as an eligible survivor in cases involving the death of an active member, a spouse or domestic partner must have been married to or in a duly registered California domestic partnership with the member prior to the member's death. No minimum length of marriage or domestic partnership requirement applies.

Type of Death	Basic Death Benefit	Optional Death Allowance
Service-Connected	Lump-sum payment of member's accumulated contributions Salary Death Benefit: one month of member's compensation earnable for each full year of Service Credit (not to exceed six months of compensation)	Full amount (100%) of disability retirement allowance deceased member would have received had he or she been retired on an Service-connected Disability at the time of death
Non-Service Connected	Lump-sum payment of member's accumulated contributions Salary Death Benefit: one month of member's compensation earnable for each full year of Service Credit (not to exceed six months of compensation)	60% of disability retirement allowance deceased member would have received had he or she been retired on an Non-service Connected Disability* at the time of death
Deferred Member	Lump-sum payment of member's accumulated contributions	
<i>*In order for the survivor to be eligible for the Optional Death Allowance following a non-service connected death, the member must have been eligible for a retirement in the event of a non-service connected disability.</i>		

NON-SERVICE CONNECTED DISABILITY

A non-service connected disability means a member's permanent illness or injury did not arise from his or her employment. Members who qualify for a non-service connected disability retirement will receive the service retirement allowance to which the member is entitled, or one-third of your annual Final Average Salary, whichever is greater.