

## SECTION 1

### CURRENT MEMBER CalSTRS DEFINED BENEFIT PROGRAM

#### Part-time/Substitute Employment

CalSTRS DB Program members whose time base is less than 50 percent are eligible to participate in the CB Benefit Program. As a DB Program member, you will retain your membership unless you elect the CalSTRS CB Benefit Program on this document within the time frame specified by your employer.

#### Election Choice

- I am currently a member of the CalSTRS Defined Benefit Program and hereby elect to participate in the Cash Balance Benefit Program for service performed at this school district only.



The Cash Balance Benefit Program is optional to school districts, community college districts or county offices of education as an alternative retirement plan. First, employers/school districts must formally act to offer the CB Benefit Program.

If your employer elects to offer the CB Benefit Program, it is available to those who are hired to perform service for less than 50 percent of the full-time equivalent for that position. At the community college level, employees hired on an hourly time base meet the criteria for participation. It is the **time base** that determines eligibility for employees in K-12 and community college districts. Employees may work hours in excess of 50 percent as long as their basis of hire remains less than 50 percent.

Your employer will provide you with materials along with this form describing both the CalSTRS CB Benefit Program and the CalSTRS Defined Benefit Program. (*CB Benefit Program Summary and Is CalSTRS in Your Future*)

If you are a current member of the CalSTRS Defined Benefit Program, you will have a 60-day election period, determined by your employer, in which to notify your district office of your election choice, per Education Code Section 26400(b). Refer to Section 1 of this document for your election rights.

Refer to Section 2 if you are a new employee, an employee contributing to Social Security or a member of a retirement plan offered by your employer other than a CalSTRS retirement program or Social Security.

Once you have read the material provided, if you have any questions concerning your eligibility for this election, please contact your employer.

## SECTION 2

### NEW EMPLOYEE, EMPLOYEE CONTRIBUTING TO SOCIAL SECURITY OR MEMBER OF A RETIREMENT PLAN OTHER THAN CalSTRS DB PROGRAM

You **automatically** become a participant of the CalSTRS Cash Balance Benefit Program

**-UNLESS-**

Your employer chooses to offer Social Security and/or another retirement plan. Then you may elect such coverage in place of CalSTRS CB Benefit Program by checking one of the following:

- My employer offers and I elect Social Security coverage.
- My employer offers and I elect an alternative retirement plan.

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*Name of Plan Offered by District*

If your employer offers an alternative retirement plan, your employer is required to notify you of your right to elect such alternative plans per Education Code Section 26300.

## NOTIFICATION

This document must be properly completed and returned to your district office within the election period set by your employer.

I, \_\_\_\_\_, have read and understand the information that accompanies this document and made the election indicated on the reverse page, if applicable. If I have elected the Cash Balance Benefit Program, then I hereby certify I understand I will remain in the Cash Balance Benefit Program unless my employer elects to discontinue the program or I terminate all employment covered by the program. I understand I can elect at any time to become a member of the CalSTRS Defined Benefit Program. I have received information on both these plans.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

The employer's signature on this document certifies that the employee has been provided with a CalSTRS Cash Balance Benefit Program election package, as well as the CalSTRS Defined Benefit Program *In Your Future*.

## GENERAL INSTRUCTIONS

The following instructions are to assist you in completing this document.

- Please type or print legibly in black ink. Do not use pencil, felt pen or erasable ink.
- If you make a mistake, line through the error and initial.
- Sign the notification form with your usual signature.
- In order for your election to be processed, this form must be submitted to your district office on or before the date specified by your employer.
- If your employer offers Social Security or an alternative retirement plan and you do not elect to continue coverage in one of those plans, you will automatically become a participant of the Cash Balance Benefit Program.

## GENERAL INFORMATION

You may contact the CalSTRS Cash Balance Benefit Program by

**Telephone**  
(800) 228-5453 or (916) 229-3870  
TDD - (916) 229-3541  
Monday through Friday  
8:00 a.m. to 5:00 p.m.

**Automated Message System**  
CalSTRS Teletalk (800) 228-5453  
Available 24 hours a day

**Web Site**  
[www.calstrs.ca.gov](http://www.calstrs.ca.gov)

**E-Mail**  
[cashbal@calstrs.ca.gov](mailto:cashbal@calstrs.ca.gov)

## Employee Notification and Election Form



This document must be properly completed and returned to your employer within the election period set by your employer. Your employer must keep this document on file.

## Employee Information (Please Print)

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

School District Name \_\_\_\_\_