

## Cash Balance Benefit Program Election - Instructions

### SECTION 1: EMPLOYEE INFORMATION

Provide the following information:

- CalSTRS Client ID or Social Security Number
- Last Name, First Name and Middle Initial
- Mailing Address, City, State and Zip Code
- Date of Birth
- Email Address
- Home Telephone

### SECTION 2: ELECTION (TO BE COMPLETED BY EMPLOYEE)

Complete Section 2.1, 2.2 or 2.3 depending on which section applies to you. If you are unsure or need assistance completing one of these sections, please work with your employer.

#### SECTION 2.1: CALSTRS DEFINED BENEFIT PROGRAM MEMBER

If you are a member of the Defined Benefit Program your creditable service defaults to coverage by the Defined Benefit Program.

You may elect Cash Balance Benefit Program coverage in lieu of Defined Benefit Program coverage for eligible creditable service performed for an employer that offers the Cash Balance Benefit Program. Your election must be made within 60 days of your date of employment in the Cash Balance Benefit Program eligible position, or the date or effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later. Your election is effective the first day of employment in the Cash Balance Benefit Program eligible position or the effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later.

If you elect coverage by the Cash Balance Benefit Program, you may later elect that future creditable service performed for that employer be subject to coverage by the Defined Benefit Program. You may make that election at any time while employed to perform creditable service. This election may be effective no earlier than the first day of the pay period in which your election is made.

#### SECTION 2.2: CALSTRS DEFINED BENEFIT PROGRAM NON-MEMBER

If you are not a member of the Defined Benefit Program, your eligible creditable service defaults to coverage by the Cash Balance Benefit Program as of the first day you perform creditable service for your employer or the effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later.

You may elect coverage by an alternative retirement plan, including Social Security, offered by your employer in lieu of participating in the Cash Balance Benefit Program if your employer's action to provide the program allows. Your election must be made within 60 days of your first day of creditable service, or the date or effective date of your employer's action to provide the Cash Balance Benefit Program, whichever is later.

If Social Security was not available when your service defaulted to coverage by the Cash Balance Benefit Program and Social Security is later provided by your employer, you may elect Social Security coverage. Your election must be made within 60 days of the date or effective date of your employer's action to provide Social Security, whichever is later. If you make this election, your eligible creditable service will be subject to coverage by Social Security on the effective date of your employer's action to provide Social Security and your participation in the Cash Balance Benefit Program for that employer will end the day prior.

If you elect coverage by Social Security or another alternative retirement plan offered by your employer, you may subsequently elect coverage by the Cash Balance Benefit Program for future creditable service performed for that employer so long as you are employed to perform creditable service and your basis of employment is eligible for participation. This election can be effective no earlier than the first day of the pay period in which the election is made.

You may elect membership in the Defined Benefit Program using the *Permissive Membership* (ES 350) form at any time while employed to perform creditable service.

#### SECTION 2.3: TRUSTEE SERVICE

If you are performing service as a trustee for an employer that offers the Cash Balance Benefit Program, you may elect coverage by the program for your trustee service. Your election can be effective no earlier than the first day of the pay period in which your election is made.

### SECTION 3: REQUIRED SIGNATURE (TO BE COMPLETED BY EMPLOYEE)

Sign the form and date your signature.

## SECTION 4: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)

Provide the following information:

- The employer (district) name
- County and district code
- Name and title of employer official reviewing form

Verify Sections 1 through Section 3 are completed, and that the employee is eligible for any elections made or effective dates provided.

Sign the form, date your signature, submit the form to CalSTRS and retain a copy.

## SUBMIT

CalSTRS must receive this form within 60 days after the employee's signature date.

Secure Employer Website: Send the completed form to the ES Forms Queue found in the Business Areas dropdown of the Recipient via SEW.

Email to: Submit this form via email to the [esforms@calstrs.com](mailto:esforms@calstrs.com) mailbox unless otherwise instructed by your CalSTRS representative. If sending forms to the [esforms@calstrs.com](mailto:esforms@calstrs.com) mailbox, please remove all Social Security numbers and only provide the Client ID where applicable.

Mail to: CalSTRS  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275

## QUESTIONS

Employee – contact your employer.

Employer – contact your CalSTRS Employer Services Representative.