

# APPLICATION FOR SUSPENSION OF RETIREMENT ALLOWANCE



## GENERAL INFORMATION

Persons who receive a retirement allowance from the Sacramento County Employees' Retirement System (SCERS) for past employment cannot work for any SCERS employer on an indefinite or "permanent, regular" basis. However, persons who receive a service retirement allowance and are offered permanent, regular employment with the SCERS employer from which they retired may suspend their allowance by (1) completing this form, (2) providing documentation prepared by the employer of interest, and (3) submitting all materials to SCERS for review and action. Refer to [scers.org/post/suspension-retirement-allowance](http://scers.org/post/suspension-retirement-allowance) for more information and Frequently Asked Questions (FAQs).

## I. NAME & SOCIAL SECURITY NUMBER

Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
 (please print full name) (last four digits only)

## II. PERSONAL INFORMATION

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Address (if different from Mailing): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Date of Birth (MM-DD-YY) : \_\_\_\_\_  
 Effective Date of Service Retirement: \_\_\_\_\_ Preferred Re-Employment Date: \_\_\_\_\_  
[Requires suspension of allowance and two weeks' advance notice to SCERS]

## III. REQUEST & ACKNOWLEDGEMENT

I currently receive a service retirement allowance from SCERS and have been offered permanent, regular employment with the SCERS employer from which I retired. Because (a) I understand that I cannot receive a retirement allowance and engage in permanent, regular employment with a SCERS employer, and (b) I plan to accept a new offer of permanent, regular employment with my previous SCERS employer, I wish to suspend all benefits that I receive from SCERS and have this change effected in accordance with Government Code § 31680.7 in particular and the County Employees Retirement Law of 1937 in general. In making this decision, I affirm that I have read the Frequently Asked Questions referenced above and, consistent with the requirements established by SCERS, that I have provided written documentation of the offer of employment.

X \_\_\_\_\_  
 Member Signature and Printed Name Date

Review by SCERS - Internal Use Only	Date	Staff Initials
Form Received		
Employer Correspondence Received		
Eligibility Verified		
Suspension of Retirement Allowance Effected		