



OFFICE OF HUMAN RESOURCES

RETIREMENT CONTRIBUTION ALTERNATIVES (03a, Pg1)

Academic employees are eligible to be members of the California State Teachers' Retirement System (CalSTRS). Those who do not participate in CalSTRS are required to participate in Social Security.

CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM (CalSTRS)

Membership Requirements

Contributions on all creditable earnings are currently required of all members. This amount is deposited in each member's account and accrues interest at a rate determined by the Teachers' Retirement Board. The district contributes an established percentage of the member's salary – for more information on current employer contribution rates, log onto the CalSTRS website at <http://calstrs.com/post/contributions-0>. Withdrawal of the CalSTRS funds is allowable only when academic employment with all school districts is terminated. Employee contribution rates in 2019-20 are 10.25 percent, and are determined by the employee's membership date in CalSTRS which may change annually – for more information on current employee contribution rates, log onto the CalSTRS website at <http://calstrs.com/post/contributions-0>.

Note: As a member of CalSTRS, earnings from the district covered by CalSTRS are not subject to Social Security tax. However, the member and the district covered by CalSTRS are both required to pay 1.45 percent of wages toward Medicare tax, if the member was hired on or after April 1, 1986.

Optional Membership

If you are not currently a CalSTRS member, you may elect to join CalSTRS. Permissive election applications (Form 3b) must be filed in writing on the forms in the Office of Human Resources. The election is irrevocable.

SOCIAL SECURITY

Mandatory Membership

Any academic employee who does not participate in CalSTRS will be required to contribute and participate in Social Security and Medicare. One may not belong to both systems.

Membership Requirements

Contributions of 7.65 percent on creditable earnings are currently required of all members. The composite 7.65 percent full Social Security rate is the sum of 6.20 percent for old age, survivors, and disability insurance (Social Security) and 1.45 percent for hospital insurance (Medicare).



OFFICE OF HUMAN RESOURCES

ACADEMIC EMPLOYEES CalSTRS/SS FORM (03a, Pg2)

Legal Name _____ Date of Birth _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip Code _____

Email Address _____ Home Phone Number _____ Cell Phone Number _____

1. Have you ever belonged to the California State Teachers' Retirement System (CalSTRS)? ☐ Yes ☐ No
If YES: Are you currently contributing to CalSTRS? ☐ Yes ☐ No
Have you withdrawn your retirement funds? ☐ Yes ☐ No If YES, when? _____
If YES, have you re-deposited these funds? ☐ Yes ☐ No If YES, when? _____
2. Other than Citrus College, have you been employed by a state college or a school district?
Full-time this year? ☐ Yes ☐ No Part-time this year? ☐ Yes ☐ No
Substitute this year? ☐ Yes ☐ No
If YES, please list all:

County _____ State College or School District _____

3. Last year, did you teach in any other county in California? ☐ Yes ☐ No
If YES, give name of county _____
4. Have you ever belonged to the California Public Employees' Retirement System (CalPERS)? ☐ Yes ☐ No
If YES, where? _____
If YES: Are you currently contributing to PERS? ☐ Yes ☐ No
Have you withdrawn your retirement funds? ☐ Yes ☐ No If YES, when? _____
If YES, have you re-deposited these funds? ☐ Yes ☐ No If YES, when? _____

RETIREMENT ELECTION

Please check only one box that applies:

- _____ I must continue in my present status as a member of CalSTRS. My membership in CalSTRS originated at _____.
- _____ I will remain in my present status as a non-member of CalSTRS and understand I will participate in Social Security.
- _____ I wish to apply for permissive election to CalSTRS and will complete the proper forms with the Office of Human Resources.
- _____ I will continue in my present status as a member of CalPERS. My membership in CalPERS originated at _____.

I have read the information sheet on Retirement Contribution Alternatives (3a, Pg1) and elect the above item checked.

Signature _____ Date _____