CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM
P.O. BOX 15275 SACRAMENTO CA 95851-0275
TOLL FREE 1-800-228-5453
OR (916) 229-3870
TDD HEARING IMPAIRED (916) 229-3541

PERMISSIVE MEMBERSHIP
MR 350 (REV 6/01)

PERMISSIVE ELECTION AND ACKNOWLEDGMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PLAN MEMBERSHIP INFORMATION

Please Type or Print Legibly in Black Ink

EMPLOYEE CERTIFICATION

Name: **Social Security Number:**

(Last) (First) (Initial)

Position Title:

Education Code Section 22515 permits an employee who performs creditable service (as defined in Section 22119.5), and who is excluded from mandatory membership pursuant to Section 22601.5, 22602 or 22604, to elect membership in the California State Teachers' Retirement System Defined Benefit Program at any time while employed to perform creditable service. The election must be in writing and filed at CalSTRS prior to submission of contributions to the program. The employee's membership date can be no earlier than the first day of the pay period during which the election form is signed.

I certify I have received information from my employer concerning the CalSTRS Defined Benefit Program (DB Program) and understand the criteria for membership in the plan.

I certify that I am eligible to elect membership in the California State Teachers' Retirement System Defined Benefit Program as provided in *Section 22515 of the California Education Code, and make the following election. I fully understand this election is irrevocable for all future employment to perform creditable service and may be canceled only by terminating all such employment and receiving a refund of my accumulated retirement contributions from the California State Teachers' Retirement System.*

I elect membership ☐ **I decline membership at this time** ☐

Signature: **Date:**

TO BE COMPLETED BY EMPLOYER

I certify that the above-named employee has been provided with the membership criteria for the CalSTRS Defined Benefit Program as required pursuant to Education Code Section 22455.5; in a timely manner or within 30 days of their hire, if part-time or a substitute employee and, if applicable, the employee has been informed of his or her right to elect into membership in the CalSTRS DB Program.

Official's Signature: **Title:**

County (or Other Employing Agency): **District:**

Employee#	Sex		Birthdate (Mo/Day/Year)			Membership Date (Mo/Day/Year)			Assignment		
	Male	Female							FT	PT	Sub