



Cash Balance Benefit Program
Consolidation of Benefits
EMPLOYMENT CERTIFICATION

INSTRUCTIONS

These forms are used with the *Request to Consolidate Benefits* and serve as verification that all Cash Balance (CB) Benefit Program service has been terminated and you are currently performing creditable service under the Defined Benefit (DB) Program. You must complete these forms and obtain signatures of the appropriate employers for your request to consolidate benefits to be processed.

Please read the following instructions carefully before completing this request. Complete all sections applicable to your situation. If you previously worked for more than one CB employer, you must complete multiple forms and have *each* employer certify prior employment. Additionally, you must have your current DB Program employer certify your current employment. If you need assistance completing these forms, or have questions regarding the process, please telephone the CalSTRS toll free number at (800) 228-5453.

To request a consolidation of benefits, you must be an active member of the Defined Benefit Program and you must have **ceased** all CB service within the California public school system. Once the forms are received and eligible CB service is verified, you will receive an estimate of the cost to consolidate benefits and any additional contribution amount required.

[Please note: Another form you may wish to use as you consolidate your CB and DB benefits is the "Redeposit Or Purchase of Permissive Or Nonqualified Service Credit." This form can be downloaded from the CalSTRS Web Site at www.calstrs.com]

In completing the forms please:

1. Provide as specific information as possible in each section of the form. If the exact employment dates of prior CB service are unknown, you may list the approximate month/year.
2. Have your CB employers complete and sign Part C of the *Cash Balance Benefit Program Employment Certification*. Remember to complete a separate *Cash Balance Benefit Program Employment Certification* for each of your CB employers.
3. Read carefully the statement in Part D of each form and sign and date the forms.
4. Send the completed Employment Certifications with the *Request to Consolidate Benefits* form to:

California State Teachers' Retirement System
P. O. Box 15275, MS-20
Sacramento, CA 95851-0275

5. Keep copies for your records.

Cash Balance Benefit Program

Consolidation of Benefits

DEFINED BENEFIT EMPLOYMENT CERTIFICATION

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM
[This form must be completed by your employer to certify current DB employment]

PART A

(This section to be completed by member)

Social Security Number - -	Last Name	First	Initial	CalSTRS Use Only
Birthdate (mm/dd/yy)	Address			
Telephone Number () -	City	State	Zip	

PART B

(This section to be completed by member)

Information on Current Defined Benefit Program Service	
Dates of DB Service (mm/dd/yy to mm/dd/yy)	Employer
_____	_____

PART C

Employer Certification

(This section to be completed by the current employer for whom you are performing DB service)

I certify that the above individual is currently performing creditable service under the Defined Benefit Program. Additionally, I certify that all payroll information and contributions reported to date are accurate and complete and no negative adjustments will be made in the future.

Last Day of Paid Employment (mm/dd/yy)	Last Pay Date (mm/dd/yy)	County Name/Code	District Name/Code
_____	_____	_____	_____
Dates of Employment	School Official's Signature/Title & Date		Contact Telephone Number () -
_____	_____		_____

PART D

(This section to be completed by member)

I hereby request an estimate of the cost to consolidate my benefits under the Defined Benefit Program. Further, I certify under penalty of perjury under the laws of the State of California that the information submitted herein is complete and true according to the best of my knowledge and that no material facts have been omitted.

Member's Signature	Date (mm/dd/yy)
_____	_____

Please retain a copy for your records and send the completed *DB Program Employment Certification* to:
California State Teachers' Retirement System, P. O. Box 15275, MS-20
Sacramento, CA 95851-0275