

**MEMBER ENROLLMENT FORM**

EMPLOYEE ID: _____

Type or print in ink.

COPY OF CERTIFIED BIRTH CERTIFICATE IS REQUIRED WITH THIS DOCUMENT**SECTION 1: TO BE COMPLETED BY MEMBER (EMPLOYEE)**

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:		
SEX:	MARITAL STATUS:	PLACE OF BIRTH:		

SECTION 2: RECIPROCITY – TO BE COMPLETED BY MEMBER (EMPLOYEE)

Have you ever been employed full-time by a StanCERA Participating employer? ☐ Yes ☐ No

☐ City of Ceres ☐ East Side Mosquito Abatement District ☐ Hills Ferry Cemetery District ☐ Keyes Community Services District
☐ Salida Sanitary District ☐ StanCOG ☐ StanRTA ☐ Stanislaus County ☐ Superior Court

Name used: _____ Dates: _____

Have you been employed full-time by a California Governmental entity within the last six months? ☐ Yes ☐ No

Was previous membership prior to January 1, 2013? ☐ Yes ☐ No

Previous Employer: _____ Retirement System: _____

Are contributions on deposit with previous system? ☐ Yes ☐ No

Are you retired from previous system? ☐ Yes ☐ No

If not retired, do you want to establish reciprocity with previous system? ☐ Yes ☐ No

SECTION 3: EMPLOYMENT INFORMATION – TO BE COMPLETED BY PAYROLL CLERK

☐ City of Ceres ☐ East Side Mosquito Abatement District ☐ Hills Ferry Cemetery District ☐ Keyes Community Services District
☐ Salida Sanitary District ☐ StanCOG ☐ StanRTA ☐ Stanislaus County ☐ Superior Court

Department: _____ Position: _____ Hourly Wage: _____ Hire Date: _____

SECTION 4: TO BE SIGNED BY PAYROLL CLERK**SECTION 4: TO BE SIGNED BY MEMBER**

STATE OF CALIFORNIA)
) ss.
COUNTY OF STANISLAUS)

Subscribed and sworn to before me:

This _____ day of _____, 20 _____

Signed: _____

Title: _____

The Bylaws of the Stanislaus County Employees' Retirement Association requires proof of birth be filed within ninety (90) days of entry. Failure to do so may result in rate of contribution being increased to maximum until proof of birth is filed.

The undersigned being duly sworn deposes and says that the foregoing statements are true and correct to the best of their knowledge and belief.

Signed: _____

This _____ day of _____, 20 _____

SEE PAGE TWO FOR INSTRUCTIONS:

10-08-2025



FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

HR/PAYROLL CLERK INSTRUCTIONS:

- *Tier determination for rehired and reciprocal eligible members must be made in a timely manner to prevent future adjustments by payroll and StanCERA.*
- *Email or fax Member Enrollment Form to StanCERA upon completion by Member and HR/Payroll Clerk.*
- *Original forms are routed to CEO's Office.*
- *Email: retirement@stancera.org*
- *Fax: (209) 558-4976*

ACCEPTABLE PROOF OF BIRTH DOCUMENTS UPON STANCERA ENROLLMENT

Option 1:

Provide **one (1)** of the following documents:

- Photocopy of certified birth certificate;
- Infant baptismal certificate;
- Census record;
- Naturalization certificate;
- School age record;
- Passport;
- Alien registration card with photograph; or
- Military record (i.e. DD214, ID), if date of birth is shown

Option 2:

Provide **two (2)** of the following documents:

- Photocopy of certified marriage certificate, if date of birth is shown;
- Photocopy of child's birth certificate, showing member's date of birth;
- Affidavit by older relative, notarized; or
- Hospital birth record