SETA Sacramento Employment and Training Agency

Change of Address/Name

To: Payroll

☐ **Change Name** ☐ **Change Address** ☐ **Change Both**

Effective Date	
Department	
Name	
Address	
Phone Number	
Employee ID #	
Signature  _____	

If you are submitting a name change, would you like your agency email address updated? ☐ Yes ☐ No

Rev. 7/24

County of Sacramento

Change of Name or Address

DATE: _____ DEPT: _____

EMPLOYEE #: _____ PHONE #: _____

CURRENT NAME: _____

Last, First, Middle

NAME CHANGE

For name change, please attach a copy of your new social security card.

NEW NAME: _____

Last, First, Middle

ADDRESS CHANGE

NEW ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

Change of name or address on eligible list(s)?

Yes ☐ No ☐

Exam Title(s): _____

_____

_____

Distribute copies to the following:

- Division Payroll Clerk/Time Processor
- Employment Office (06-007)
- Department of Finance – Payment Services – Vendor Numbers (09-3650)

MEMBER'S AFFIDAVIT

SCERS

Select which type of membership you have with SCERS:

☐ **Active** ☐ **Deferred** ☐ **Retired** ☐ **Other:** _____

I. NAME & SOCIAL SECURITY NUMBER

✓ Change of existing information ☐

Name : _____ SSN : XXX-XX-_____

(please print full name) (last four digits only)

II. PERSONAL INFORMATION

✓ Change of existing information ☐

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Address (if different from Mailing): _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____ Date of Birth (M-D-Y) :_____

III. PERSONAL STATUS

✓ Change of existing information ☐

☐ Single ☐ Married ☐ Registered Domestic Partner ☐ Widowed ☐ Divorced

☐ Terminated Domestic Partnership

IV. BENEFICIARY DESIGNATION/S

✓ Change of existing information ☐

	Beneficiary 1		Beneficiary 2		Beneficiary 3	
First Name						
Last Name						
Street Address						
City/State/Zip						
SSN						
Birth Date						
Relationship & Percentage		%		%		%

☐ Check if additional beneficiary and/or guardian information is provided in an attachment.

MEMBER'S AFFIDAVIT

V. PRIOR MEMBERSHIP IN OTHER PUBLIC RETIREMENT SYSTEM/S

By providing the Prior Membership information below, I understand that SCERS may communicate with my prior retirement system/s to validate my employment records.

Public Retirement System	Dates of Membership	Status with last public retirement system		
☐ CalPERS		☐ Active	☐ Retired	☐ Misc.
☐ CalSTRS		☐ Deferred	☐ Withdrawn	☐ Safety
☐ Other _____				

VI. MEMBER DECLARATION OR REQUIRED CONSENT

Section 31760.3 of the Government Code requires the Sacramento County Employees' Retirement System (hereinafter "Plan") to notify your current spouse or registered domestic partner if you change your beneficiary, request a refund of accumulated contributions, or elect an optional settlement of retirement benefits. With limited exceptions, the Plan cannot allow the designation of an alternate beneficiary without the approval of the current spouse or registered domestic partner.

A. Member Declaration (Read declaration and initial one item, unless Required Consent applies.)

By initialing one of the statements below, I declare that I have accurately reported my marital or partnership status as of the date indicated on this Member's Affidavit and do so under penalty of perjury.

_____ I am single, widowed, divorced or terminated my domestic partnership, and I am unaware of any undisclosed actions, agreements, or stipulations regarding my Plan benefits.

_____ I am married or registered as a domestic partner and I have named my spouse or registered domestic partner as sole beneficiary under the Plan. Beyond the interests of my current spouse or registered domestic partner, I am unaware of any undisclosed actions, agreements, or stipulations regarding my Plan benefits.

B. Required Consent - Current Spouse or Registered Domestic Partner Agreement to Alternate Beneficiary

I acknowledge and agree with the BENEFICIARY DESIGNATION/S elected by my spouse or registered domestic partner, and I understand that my consent to this item is voluntary. Absent a Court order to the contrary, I also understand that (a) the beneficiary change requested by my spouse or registered domestic partner is not effective without my signature, (b) future beneficiary changes by my spouse or registered domestic partner still require my signature and consent, and (c) the effect of my signature and consent may be to forfeit benefits to which I would otherwise be entitled upon the death of my spouse or registered domestic partner.

_____ _____

Spouse or Registered Domestic Partner Signature Date

REQUIRED VERIFICATION OF SPOUSE OR REGISTERED DOMESTIC PARTNER SIGNATURE

Option i: Witnessed by Plan Representative

Signature witnessed this _____ day of_____, 20 ____ .

Plan Representative: _____

Option ii: Witnessed by Notary Public

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Required Consent as a free and voluntary act.

(SEAL) Notary Public: _____

My commission expires: _____

VII. MEMBER APPROVAL OF REQUESTED CHANGES AND/OR ADDITIONS

I understand in the event of my death before retirement, my surviving spouse and/or minor children may have superior rights to benefits pursuant to provisions of the County Employees' Retirement Law of 1937, regardless of whether I named the spouse and/or minor children as beneficiary(ies) of any benefits payable on or by reason of the member's death. I declare under penalty of perjury, that the foregoing statements are full, true, and correct.

X_____

Member Signature and Printed Name Date

Return the completed form by mail or in person to SCERS, or contact SCERS to request a digital (DocuSign) version. SCERS will not accept this form by fax or email.

MissionSquare RETIREMENT

SACRAMENTO EMPL & TRAINING

Enrollment and Contribution Form

Use this worksheet to submit your employee information and/or any applicable contribution information elections to your employer for enrollment in your SACRAMENTO EMPL & TRAINING MissionSquare Retirement Health Savings Plan at MissionSquare Retirement.

I want to: ☐ Start My Journey: Join my SACRAMENTO EMPL & TRAINING MissionSquare Retirement Health Savings Plan

1. PERSONAL INFORMATION

PLAN SPONSOR NAME: SACRAMENTO EMPL & TRAINING MissionSquare Retirement Health Savings Plan 801959		
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES	DATE OF BIRTH: MM/DD/YYYY	GENDER: ☐ FEMALE ☐ MALE ☐ OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED
MAILING ADDRESS: STREET CITY STATE ZIP		
MOBILE PHONE NUMBER:	EMAIL ADDRESS:	GO PAPERLESS: ☐

*Choosing to go paperless means you are asking your employer to opt you into electronic communications to the email address you have designated.

2. INVESTMENT SELECTION

By submitting this form, you understand you are authorizing your plan sponsor to enroll you in the plan without elections. Once your enrollment is processed you may log in to the participant website or mobile app to select your investments. If you do not select an investment option, your entire account will be invested in the Plan's default investment selection.

3. SURVIVOR DESIGNATION

Once your enrollment is processed you may log in to the participant website or mobile app to enter your survivor information.

4. SIGNATURES (SIGN, DATE, AND SUBMIT THE COMPLETED FORM TO YOUR PLAN SPONSOR)

Employee Signature: _____ Date: MM/DD/YYYY _____

Authorized Plan Sponsor Official's Signature: _____ Date: MM/DD/YYYY _____

Authorized Plan Sponsor Official's Name and Title: _____ Date: MM/DD/YYYY _____

SUBMIT THE COMPLETED WORKSHEET TO YOUR PLAN SPONSOR. RETAIN A COPY FOR YOUR RECORDS.

For Plan Sponsor Use Only:

Employee ID: _____ Hire Date: MM/DD/YYYY _____

Rehired? Check if Yes ☐

Rehire Date: MM/DD/YYYY _____ Original Hire Date: MM/DD/YYYY _____ Leave Date: MM/DD/YYYY _____