



Service Retirement Application Packet

Service Retirement Application Checklist

Use this checklist to ensure you have gathered and completed all the forms and documents required to submit your service retirement application.

Application for Service Retirement:

Your completed Application for Service Retirement must be submitted no earlier than 60 days prior to your retirement date and no later than your retirement date. Please review the enclosed “Service Retirement Policy” before submitting your application.

Benefit Payment Option Election:

The Benefit Payment Option Election Form is used to elect which benefit option you want to receive. If you have a spouse or registered domestic partner, their signature on this form must either be notarized or signed in the presence of a MCERA representative.

Burial Benefit Beneficiary Designation:

The Burial Benefit Beneficiary Designation Form names a beneficiary(ies) for a \$1,000.00 taxable burial benefit. If reciprocity applies, burial benefits will be paid by the last retirement system subject to Government Code Section 31789.

Retired Member Beneficiary Designation:

The Retired Member Beneficiary Designation Form names a beneficiary(ies) for a lump-sum payment of any remaining contributions and interest left in your retirement account.

Retiree Identity Verification:

Provide one of the following forms of identification. **Photocopies will not be accepted without a Certificate Attestation.**

Certified original or certified copy of birth certificate.ⁱ

Passport or passport card.

A state-issued REAL ID driver license/identification card.ⁱⁱ

Beneficiary Identity Verification:

Required for your spouse/registered domestic partner under the unmodified option or for any person named as a beneficiary for a continuance under option 2, 3 or 4. Provide one of the following forms of identification. **Photocopies will not be accepted without a Certificate Attestation.**

Certified original or certified copy of birth certificate.ⁱ

Passport or passport card.

A state-issued REAL ID driver license/identification card.ⁱⁱ

Marriage Certificate or California Certificate of Registration of Domestic Partnership:

Required for your spouse/registered domestic partner when named as the beneficiary for a continuance under the unmodified option. Provide a certified copy of either your marriage certificate or California Certificate of Registration of Domestic Partnership to determine his/her eligibility.ⁱ **Photocopies will not be accepted without a Certificate Attestation.**

Dissolution of Marriage or Registered Domestic Partnership Paperwork (if applicable):

Domestic Relations Order (DRO), Joinder, and/or Divorce Judgment and Settlement Agreement is required for any marriage or registered domestic partnership that dissolved where all or part of your marriage or partnership occurred while you were actively working for a MCERA plan sponsor (Mendocino County, Russian River Cemetery District, or Mendocino County Superior Court).

Social Security Number(s) of Your Named Beneficiary(ies):

Please include social security number(s) on all beneficiary designation forms.

Return to Work Acknowledgment:

The Return to Work Acknowledgment is an acknowledgment of laws governing working retirees. You must read and understand the enclosed “Retiree Return to Covered Employment Policy” before signing this form.

Direct Deposit Authorization:

For checking account direct deposit, attach a voided blank check to the completed form. For savings account direct deposit, include verification from your financial institution of the routing number, account number, and signatory name on the financial institution’s letterhead. Direct deposit is required. Please see the enclosed “Benefit Payment Policy” for additional information.

Withholding Certificate for Periodic Pension or Annuity Payments (W-4P) - Federal

All retirees must complete the W-4P.

Withholding Certificate for Pension or Annuity Payments (DE 4P) - California

Retirees who reside in California must complete the DE 4P. State of California tax will only be withheld for California residents.

Reciprocal Retirement Applications (if applicable)

Submit retirement applications to any reciprocal retirement systems. You must retire concurrently (on the same date) from each system. The length of time it takes to process your retirement application depends on when MCERA receives the necessary salary information from the other system.

ⁱ Certified copies can be obtained through the vital records office of the state or county where you were married or born. MCERA Staff will photocopy and return the original documents to you either while you are in the office or via standard US mail. You may submit photocopies of your original certificates if you also complete a Certificate Attestation for each copy.

ⁱⁱ Driver license, identification cards and other forms of identification, that **are NOT REAL ID compliant, will not be accepted.** For additional information about California REAL ID Compliant DL/ID cards, visit the State of California Department of Motor Vehicles website at <https://www.dmv.ca.gov/portal/dmv/detail/realid>.

Service Retirement Frequently Asked Questions

Congratulations on your decision to retire. It is our hope that we can assist you in making your transition an easy and pleasant experience. We have prepared this information to answer many of your questions prior to your date of retirement. If you have questions or concerns that are not addressed, please contact the retirement office at (707) 463-4328 or send an email to retirementassociation@mendocinocounty.gov.

How much will my monthly retirement benefit payments be?

Active and deferred members can create their own retirement benefit estimates online at MemberDirect, our member self-service website. You can access MemberDirect and download informational guides on the Mendocino County Employees Retirement Association website at <http://www.mendocinocounty.gov/retirement/memberdirect>. Estimates may also be requested by completing and submitting an [Estimate/Consultation Request Form](#) to the retirement office. Estimates will be based on the service and salary information readily available at that time and are only an estimate. A final calculation will be done after your requested retirement date.

When should I submit my application for service retirement?

Your completed application must be submitted no later than your retirement date and **no more than 60 days in advance of your retirement date**.

Applications submitted more than 60 days prior to the retirement date or found to be incomplete will be returned to the member. Please review Mendocino County Employees Retirement Association's Service Retirement Policy that is posted on our website at <https://www.mendocinocounty.gov/government/affiliated-agencies/retirement-association/Forms-documents> for additional important information.

When will I get my first retirement check?

Retirement benefit payments are processed once a month and paid on the last banking day of each month. If you retire on the 1st of the month, you should receive your first benefit payment at the end of that month. If you retire on the 2nd of the month or later, you should receive your first benefit payment on the last banking day of the following month. This payment will include a pro-rated amount for the partial month of retirement.

How do I sign up for direct deposit?

You can sign up for direct deposit or request a change to an existing direct deposit at any time by completing a [Direct Deposit Authorization Form](#) and submitting it to the retirement office along with a voided check to the preferred account attached. Deposit slips are not accepted because they generally do not show your correct routing and/or account numbers.

Most direct deposit requests will go into effect immediately. If there is any delay in beginning your direct deposit, your first benefit payment will be made by check and your direct deposit will begin the following month.

When your direct deposit begins you will not receive a check stub stating your benefit and deductions. Log into [MemberDirect](#) to view payment receipts and benefit information. Update your communication settings for Direct Deposit Receipts in order to receive an email notification that your direct deposit receipt is available for review in MemberDirect each month. Contact the retirement office for more information.

Can I access my retirement account information online?

Yes. MemberDirect is a site where active and retired members can view their account information securely online. Visit <http://www.mendocinocounty.gov/retirement/memberdirect> to download a guide with information on how to enroll and use MemberDirect or click on MemberDirect Login to enroll. If you do not have access to a computer, the retirement office is always available to assist members personally. Office hours are Monday through Friday 8:00 a.m. to Noon and 1:00 p.m. to 5:00 p.m.

How do I get information about COBRA insurance? Are dental and vision insurance plans available?

You may contact a Mendocino County health benefits specialist at (707) 234-6607 for COBRA benefit information.

Dental and vision plans are available to Association of Mendocino County Retired Employees (AMCRE) members. Please call the Pacific Group Agencies at (800) 511-9065 for all enrollment and/or dental and vision insurance questions.

Is my retirement benefit taxable?

Normal service retirement benefits are considered taxable income. During employment, all the contributions you made were tax deferred or pretax. If you are receiving a non-service-connected disability retirement 100% of your benefit is considered taxable. If you are receiving a service-connected disability retirement your benefit is considered non-taxable up to 50% of your final average compensation. Any amount above the 50% is considered taxable.

Can I have Federal and State income tax withheld from my benefit?

All retired members must complete a [Form W-4P](#) for federal pension tax withholding. If you do not complete the form, your tax will be withheld as if you were single with no other income. If you will be a California resident after you retire, you must also complete a [State of California Form DE 4P](#). Do not complete the DE 4P if you plan to reside elsewhere. Taxes cannot be withheld for any state outside of California. If you need assistance in calculating your Federal and State of California taxes, you should consult with a tax specialist or contact the retirement office. You may make changes to your tax withholding at any time on MemberDirect or by submitting new tax forms.

What are benefit payment options?

When you retire, you irrevocably select a benefit payment option that governs what happens to your benefit when you die. The option you choose determines the benefit you receive and how much your beneficiary will receive after your death. You cannot change your benefit payment option after you receive your first retirement benefit payment.

You can select from different benefit payment options that provide a “continuance” to your named beneficiary. A continuance means your beneficiary would receive an ongoing (monthly) benefit for the

remainder of their lifetime. There is also a benefit option that provides for a lump sum payment of any undistributed employee contributions to be paid to your beneficiary.

For all benefit options that provide a continuance, an actuarial calculation may be required if the named beneficiary is not your spouse or registered domestic partner and/or they are more than 10 years younger than you.

For additional information, please see the Benefit Payment Option Election Form included in this Service Retirement Application Packet or contact the retirement office with your questions.

In the event of my death what will happen to my retirement benefit?

Your final month's benefit will be paid to your named beneficiary. MCERA does not prorate or reduce final benefit payments because of death.

Depending on the benefit option chosen at the time you retired there may be retirement benefits payable to your designated beneficiary(ies).

MCERA will pay a \$1,000.00 burial benefit, less 20% mandatory federal tax withholding, to your beneficiary(ies). If reciprocity with another 1937 Act Retirement System applies, the burial benefit will be paid by the last reciprocal retirement system subject to Government Code Section 31789. This burial benefit beneficiary designation can be changed at any time. Please make sure your beneficiary information is always up to date.

How do I change my beneficiary?

Members must complete and submit a new Beneficiary Designation Form to change a beneficiary(ies) or update personal information for their beneficiary(ies). Please note that you cannot change a beneficiary designated to receive a continuance. If you are designating a new beneficiary(ies) due to death or divorce, please contact the retirement office.

Can I designate a Trust or Estate as my beneficiary?

Yes. You will need to complete and submit a Beneficiary Designation Form with a copy of the Trust/Estate documents. Please include all pages of the documents for our records. Trusts and Estates are not eligible to receive a continuance of your retirement benefit.

Will my retirement benefits end when my contributions are exhausted?

No. Your retirement benefit will continue for your lifetime.

When you die, if you elected either the Unmodified Option, Option 2, Option 3, or Option 4, your beneficiary(ies) will receive a benefit for the remainder of their life.

If you elected Option 1, your beneficiary(ies) will not receive a continuance and your retirement benefit will end at the time of your death. If you pass away after your contributions are exhausted, there will be no lump sum available to leave to your beneficiary(ies). Should you pass away before your contributions are exhausted, any remaining contributions will be paid as a lump sum to your designated beneficiaries.

Application for Service Retirement

Part I. Applicant Information

Member Name Social Security Number

Street Address/PO Box

City State Zip Code

Birth Date Phone Number Email Address

Department Title or Position Date of Retirement

Part II. Beneficiary for Continuance (if applicable)

Complete this section only if you are naming an eligible beneficiary for a continuance of your benefit after your death. If you wish to name a beneficiary for lump-sum benefits, please use the Retired Member Beneficiary Designation Form.

Beneficiary Name Social Security Number

Street Address/PO Box

City State Zip Code

Birth Date Phone Number Email Address

If applicable, include the date of your marriage or registered domestic partnership:
Date

Part III. Member Authorization

In accordance with the provisions of the County Employees' Retirement Law Act of 1937 and the By-Laws and Regulations governing the Retirement System, I, hereby make application for retirement from service.

Signature of Member Date

Benefit Payment Option Election

Your benefit payment option election will impact your monthly benefit amount and survivorship benefits payable after your death. Read “Benefit Payment Options Explained” at the end of this form and ensure that you understand the advantages and disadvantages of each option before making a choice. Your benefit payment option election is irrevocable and cannot be changed once your first benefit payment is issued. Contact an MCERA representative if you have any questions.

Part I. Option Election

Initial next to the benefit payment option you elect. If you are married or have a registered domestic partner (RDP), they must also initial your election.

UNMODIFIED OPTION

Member Initials

Spouse or RDP Initials

OPTION 1

Member Initials

Spouse or RDP Initials

OPTION 2

Member Initials

Spouse or RDP Initials

OPTION 3

Member Initials

Spouse or RDP Initials

OPTION 4

Member Initials

Spouse or RDP Initials

AGE 62 MODIFIED ALLOWANCE/SSA LEVELING (Non-PEPRA Members Only)

I/We would like to choose the Age 62 Modified Allowance/SSA Leveling in addition to the option selected above. I/we acknowledge that at age 62, my monthly retirement benefit will be reduced by \$ _____ regardless of whether I elect to begin receiving my social security at age 62. I/we further acknowledge that the amount we receive from Social Security at Age 62 may differ from the amount provided to MCERA at retirement.

Member Initials

Spouse or RDP Initials

Part II. Member Acknowledgment

Print Member Name

Member Signature

Date

Part III. Spousal or Registered Domestic Partner Acknowledgment

Government Code Section 31760.3 requires notification to the member’s current spouse or state of California registered domestic partner (RDP) of the election of an optional settlement. If you have a spouse or RDP, please complete Section A. If a spouse/RDP’s signature does not appear, you must complete the Declaration of Reason for Absence of Spouse/Registered Domestic Partner Signature in Section B.

SECTION A. Signature of Member’s Spouse or Registered Domestic Partner

The signature of the spouse/RDP must be notarized unless signed in the presence of an MCERA representative, with proof of identification.

Print Spouse/Registered Domestic Partner Name

Spouse/Registered Domestic Partner Signature

Date

MCERA Representative Signature

Date

SECTION B. Declaration of Reason for Absence of Spouse/Registered Domestic Partner Signature

This section must be completed if you have no spouse/state of California registered domestic partner or if your spouse/registered domestic partner did not sign this Benefit Option Election Form. If you are divorced, please provide a copy of the complete final judgment, including signed agreements. If widowed, please provide a certified copy of the death certificate.

I declare under penalty of perjury under the laws of the state of California that (please select one of the following:

I am not married or in a registered domestic partnership.

My current spouse/registered domestic partner has no identifiable community property interest in any benefits earned through my employment.

I do not know and have taken reasonable steps to determine the whereabouts of my current spouse/registered domestic partner.

My current spouse/registered domestic partner has been advised of my election and has refused to sign the written acknowledgment.

My current spouse/registered domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.

My current spouse/registered domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the California Family Code which makes the community property law inapplicable to the marriage.

Print Member Name

Member Signature

Date

Benefit Payment Options Explained

Your retirement benefit will always be a lifetime benefit to you but the benefit payment option you select will impact your benefit and the benefits payable to your beneficiary(ies) in different ways. It is important that you fully understand the benefit payment options available to you because you cannot change your benefit payment option once you receive your first benefit payment. Please make your decision carefully and if you require additional information, please don't hesitate to contact MCERA.

Unmodified Option

In general, the Unmodified Option provides for the highest possible monthly retirement benefit during your life. Upon your death, this option provides a lifetime benefit equal to 60% of the benefit you received during retirement to your eligible beneficiary, 60% benefit + 60% cost of living (if applicable). **This survivor benefit is restricted to your eligible spouse, California State registered domestic partner or eligible child only and may not be changed after you retire.**

Your spouse or registered domestic partner is considered eligible if you have been married or registered for at least one year at the time of your retirement and you continue to be married or registered to that spouse/registered domestic partner until the time of your death. If you do not have an eligible spouse or registered domestic partner, the 60% benefit may be paid to your eligible child upon your death. An eligible child is an unmarried child under the age of 18, or an unmarried full-time student under the age of 22.

If you do not have an eligible spouse, registered domestic partner or eligible child at the time of your death, your designated beneficiary will receive a lump-sum refund of any remaining balance left of your contributions and interest. Should your beneficiary pre-decease you, you will continue to receive the same amount and you will not be allowed to designate a new beneficiary for a continuance.

Option 1

Option 1 does not provide a continuance. Upon your death, a lump-sum payment of any remaining contributions becomes payable to your named beneficiary. Each month the annuity portion of your benefit is deducted from your contributions until the balance of your contributions is zero. You will continue to receive your benefit, but there would no longer be a lump-sum benefit payable to your beneficiary.

Under Option 1, you may change your named beneficiary at any time.

Option 2

At the time of your death, your designated beneficiary will receive the same monthly allowance you were receiving at the time of your death for the remainder of his or her lifetime, 100% benefit + 100% cost of living (if applicable). Your beneficiary must be someone who has an insurable interest in you. "Insurable interest" means that a person would suffer a monetary loss if you die.

In order to provide this continuance, your benefit is reduced during your retirement based on your life expectancy and the life expectancy of your beneficiary. Due to IRS regulations, an actuarial calculation may be required if the named beneficiary is not your spouse or registered domestic partner, and they are more than 10 years younger than you.

Should your beneficiary pre-decease you, you will continue to receive the same reduced amount and you will not be allowed to designate a new beneficiary for a continuance.

Option 3

Under this option, at the time of your death your designated beneficiary will receive 50% of the monthly allowance you were receiving at the time of your death for the remainder of his or her lifetime, 50% benefit + 50% cost of living (if applicable). Your beneficiary must be someone who has an insurable interest in you. “Insurable interest” means that a person would suffer a monetary loss if you die.

In order to provide this continuance, your benefit is reduced during your retirement based on your life expectancy and the life expectancy of your beneficiary. Should your beneficiary pre-decease you, you will continue to receive the same reduced amount and you will not be allowed to designate a new beneficiary for a continuance.

Option 4

This option allows you to designate multiple beneficiaries to receive a lifetime benefit upon your death and to designate the percentage each will receive. This benefit is calculated by our actuary and while MCERA will cover the cost of the first calculation, you are responsible for paying for additional calculations. Each of your beneficiaries must be someone who has an insurable interest in you. “Insurable interest” means that a person would suffer a monetary loss if you die.

The amount that your benefit is reduced is based on the age of your youngest beneficiary at the time of your retirement. Should your beneficiary(ies) pre-decease you, you will continue to receive the same reduced amount and you will not be allowed to designate a new beneficiary for a continuance.

Age 62 Modified Allowance/SSA Leveling

This is an optional allowance that can be elected in addition to a retirement option. It is only available to legacy/non-PEPRA members. It provides for a larger benefit from the age you retire to age 62, based upon the estimated Social Security benefits receivable at age 62. Social Security Estimates will be calculated at the time of retirement and will not include future earnings. This estimate is used to calculate your benefit with MCERA and may differ from the actual benefit you receive from Social Security.

At age 62, your benefit will be reduced by the estimated Social Security amount. This reduction will happen regardless of whether or not you actually apply for Social Security at age 62. This option can give you a more level payment for your life consisting of a combination of your Social Security benefit and MCERA retirement.

Burial Benefit Beneficiary Designation

The beneficiary(ies) listed on this form will receive a \$1,000 burial benefit payable upon your death and upon receipt of a certified copy of your death certificate. In cases of reciprocity, the burial benefit will be paid by the last retirement system subject to Government Code Section 31789.

Part I. Member Information

Member Name Birth Date

Social Security Number Phone Number Email Address

Street Address/PO Box City State Zip Code

Marital Status: Single Married Divorced/Separated Widowed

Part II. Primary Beneficiary Designation

You may name one person or any number of persons as your primary or alternate beneficiary(ies). A Primary Beneficiary is the person(s) who will receive a benefit from MCERA upon your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Member Name:

Social Security Number:

Part III. Alternate Beneficiary Designation

An Alternate Beneficiary is the person(s) who will receive a benefit from MCERA if you have no living primary beneficiaries on the date of your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Alternate Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Alternate Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Part IV. Member Acknowledgment

I hereby confirm the beneficiary designation(s) listed in Parts II and III. This Beneficiary Designation Form revokes any previous designation I have filed.

Print Member Name

Member Signature

Date

Retired Member Beneficiary Designation

The beneficiary(ies) listed on this form may be eligible for a lump-sum payment of any contributions and interest remaining in your retirement account *or* the final benefit payment owed to the member.

If your previous beneficiary was your spouse or California State registered domestic partner, then a death certificate or divorce/dissolution paperwork is required to change your beneficiary. You cannot elect a new beneficiary to receive a continuance of your monthly benefit after you have retired.

Part I. Member Information

Member Name Birth Date

Social Security Number Phone Number Email Address

Street Address/PO Box City State Zip Code

Marital Status: Single Married/RDP Divorced/Separated Widowed

Part II. Primary Beneficiary Designation

You may name one person or any number of persons as your primary or alternate beneficiary(ies). A Primary Beneficiary is the person(s) who may receive a benefit from MCERA upon your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Member Name:

Social Security Number:

Part III. Alternate Beneficiary Designation

An Alternate Beneficiary is the person(s) who will receive a benefit from MCERA if you have no living primary beneficiaries on the date of your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Alternate Beneficiary Name	Relationship	% of Benefit
Street Address/PO Box	City	State Zip Code
Birth Date	Social Security Number/Tax Id	Phone Number

Alternate Beneficiary Name	Relationship	% of Benefit
Street Address/PO Box	City	State Zip Code
Birth Date	Social Security Number/Tax Id	Phone Number

Part IV. Member Acknowledgment

I hereby confirm the beneficiary designation(s) listed in Parts II and III. This Beneficiary Designation Form revokes any previous designation I have filed.

Print Member Name

Member Signature

Date

Part V. Spousal or Registered Domestic Partner Acknowledgment

Either Section A or Section B below **MUST** be completed and signed, or the form will be rejected and returned to you.

SECTION A: Signature of Member’s Spouse or Registered Domestic Partner

I am the spouse or state of California registered domestic partner of the MCERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be a "consent," "waiver," or "transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or registered domestic partner.

Print Spouse/Registered Domestic Partner Name

Spouse/Registered Domestic Partner Signature

Date

Member Name:

Social Security Number:

SECTION B: Declaration of Reason for Absence of Spouse/Registered Domestic Partner Signature

I declare under penalty of perjury under the laws of the state of California that (please select one of the following):

I am not married.

My current spouse/registered domestic partner has no identifiable community property interest in any benefits earned through my employment.

I do not know and have taken reasonable steps to determine the whereabouts of my current spouse/registered domestic partner.

My current spouse/registered domestic partner has been advised of my election and has refused to sign the written acknowledgment.

My current spouse/registered domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.

My current spouse/registered domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the California Family Code which makes the community property law inapplicable to the marriage.

Print Member Name

Member Signature

Date

Return to Work Acknowledgment

Member: After reading the “Retiree Return to Covered Employment Policy” and this form, please sign and date the second page.

A retired person shall not serve, be employed by, or be employed through a contract directly by, a public employer in the same public retirement system from which the retiree receives the benefit without reinstatement in the employer’s plan upon reemployment. This means that the retired person’s benefit payments under the plan would be suspended, and his or her compensation during the reemployment period would be pensionable. The retired person would receive service credit under the pension plan for the reemployment period, and the employer and retired person would have to pay required contributions to fund the corresponding benefits.

The law, however, provides that reinstatement is not required if the following conditions are satisfied:

- The retired person cannot be reemployed within 180 days after his or her retirement, unless (1) the employer reemploys the retired person either during an emergency to prevent stoppage of public business, or because the retired person has skills needed to perform work of limited duration, and that employer makes these findings and takes action on the regular calendar in a public meeting; or (2) the retiree is a returning public safety officer;
- The retired person’s appointment is for no more than 960 hours per fiscal year;
- The retired person’s pay rate must be within the range paid by the employer to other employees performing comparable duties (pay rate for this purpose is hourly and is determined by dividing monthly pay by 173.33); and
- The retired person must certify in writing to the employer that he or she did not, during the 12-month period preceding the reemployment date, receive unemployment insurance arising from prior employment subject to this section with a public employer.

If these conditions are satisfied, reinstatement does not apply. The retired person would continue to receive retirement benefits under the employer’s plan, would not receive service credit for the reemployment period, and no plan contributions on the retired person’s compensation would be required.

If a retired person exceeds the limit of 960 hours per fiscal year, **their retirement benefit will be suspended for the remainder of the fiscal year.** A fiscal year begins July 1 and ends June 30 of each year. Re-employed retired persons and their employers should carefully track the total number of hours worked to avoid exceeding this limit.

The accumulation of hours worked in a fiscal year is based on the date of payment for the hours. For example, if a MCERA retiree works in covered employment in late June for which they receive payment in early July, those hours count toward the 960-hour limit in the new fiscal year since the employee was paid in the new fiscal year.

In addition to complying with the Government Code requirements described above, IRS rules require that any member who has not attained the age of 62 (or age 50 for safety members) prior to retirement must have a break of at least 60 days before returning to employment with the County or any employer participating in MCERA.

I acknowledge that I have read and understand the above. I also acknowledge that I have received the “Retiree Return to Covered Employment Policy” and I understand that I am subject to this policy.

Print Member Name

Member Signature

Date

Direct Deposit Authorization

I hereby authorize the Mendocino County Employees Retirement Association (MCERA) to deposit all pension/annuity payments due to me from MCERA directly into the account identified below. This authority will remain in effect until I notify MCERA in writing to elect a different account for future deposits. I understand that I must give MCERA enough notice to allow reasonable time to act on my instructions. In the event an overpayment from MCERA is credited to my account during or after my lifetime, I authorize MCERA to direct my financial institution to refund the same to MCERA and to charge such payment to my account. I understand that I will not receive a notice of deposit by mail with Direct Deposit but can obtain this information online at MemberDirect or by contacting MCERA.

Changes received after the 15th will become effective the following month.

Member Information

Member Name Social Security Number Last 4

Street Address/PO Box

City State Zip Code

Birth Date Phone Number Email Address

Member Signature Date

Financial Institution

Tape Your Voided Blank Check Here.

(or)

Attach Typed Confirmation of Savings Account Number and Routing Number from the Financial Institution on their Letterhead. **Handwritten Account Numbers Cannot Be Accepted.**

Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2024

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Claim Dependent and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____
	Multiply the number of other dependents by \$500	\$ _____
	Add other credits, such as foreign tax credit and education tax credits	\$ _____
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here	3 \$ _____

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)	Date
--	-------------

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Withholding Certificate for Pension or Annuity Payments

First, Middle, Last Name			Social Security Number
Home Address (Number and Street or Rural Route)			Claim or Identification Number (if any) of Your Pension or Annuity Contract
City	State	ZIP Code	

Complete the applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶
2. I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:
 - a. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2a _____
 - b. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2b _____

Single or Married (with two or more incomes)
Married (one income)
Head of Household
3. I want the following additional amount withheld from each pension or annuity payment. Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2b above. ▶ \$ _____
4. I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ \$ _____

Your Signature ▶ _____ Date ▶ _____

----- **Cut Here** -----

Give the top part of this form to your pension payer or annuity. Keep the lower part for your records.

Purpose of Form: Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities.

This form DE 4P allows you to:

- (1) Claim a different number of allowances for California PIT withholding than for federal income tax withholding.
- (2) Elect not to have California PIT withheld from your periodic, or nonperiodic, pension or annuity payments.
- (3) Elect to have California PIT withheld on periodic or nonperiodic payments based on:
 - (a) The number of allowances and marital status specified.
 - (b) A designated dollar amount.
- (4) Change or revoke the DE 4P previously filed.

Withholding from Pensions and Annuities: Generally, withholding applies to payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from Individual Retirement Arrangements (IRA), and from commercial annuities. Withholding also applies to property other than cash distributed.

In compliance with federal law, California PIT is not to be withheld from pension recipients who reside outside of California.

Periodic and nonperiodic payments from all the items above are treated as wages for the purpose of withholding.

A periodic payment is both:

- Includable in your income for tax purposes.
- Received in installments at regular intervals over a period of more than one full year from the pension or annuity's starting date. The intervals can be annual, quarterly, monthly, etc.

For example, if you receive a monthly pension or annuity payment and will continue to receive payments for more than a year, the payments are periodic. However, distributions from an IRA that are payable upon demand are treated as nonperiodic payments.

There are some kinds of periodic and nonperiodic payments for which you cannot use the DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether the DE 4P will apply.

Your certificate is usually effective 30 days after you file the form. The certificate stays in effect until you change or revoke it.

Methods of Withholding: The payer can use one of the following three methods:

- (1) An amount determined by using the California withholding schedules. Payee completes lines 2 and 3 above.
- (2) A dollar amount that you designate. Payee completes line 4 above.

- (3) Ten percent of the federal withholding amount computed pursuant to section 3405 of the Internal Revenue Code (law.cornell.edu/uscode/text/26). Payee completes line 4 above.

Completing the Form: Fill in your full name, home address, Social Security number, and the identification number (if any) of the pension or annuity.

Line 1, Exemption from Withholding: Check this box if you do not want any PIT withheld from your payment. You do not need a reason for claiming the exemption from withholding.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated tax to the Franchise Tax Board (FTB) by having enough tax withheld from your pension or annuity using the DE 4P.

Revoking the Exemption from Withholding: If you want to revoke your previously filed exemption from withholding for periodic and nonperiodic payments, file another DE 4P completing lines 1, 2, 3, or 4.

Line 2, Withholding Based on Specified Withholding

Allowances: If you want withholding to be based on a specified number of allowances, write the number on line 2, and check the filing status box you want. The worksheets accompanying this form may be used to figure your withholding allowance.

Line 3, Multiple Pensions or More than One Income: Indicate additional amount to be withheld from each payment. You may use Worksheet C, accompanying this form, to determine the additional amount.

Line 4, Withholding a Designated Dollar Amount: Indicate dollar amount you want withheld on this line (in lieu of claiming withholding allowances).

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

If you have a working spouse, more than one job or income, it is best to figure the total number of allowances you are entitled to claim on all jobs using the worksheets from only one DE 4P. Allowances can then be claimed with one payer only or split among payers.

Worksheet A

Regular Withholding Allowances

- | | |
|---|-----------|
| A) Allowance for yourself — enter 1 | (A) _____ |
| B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) _____ |
| C) Allowance for blindness — yourself — enter 1 | (C) _____ |
| D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| E) Allowances for dependents — do not include yourself or your spouse | (E) _____ |
| F) Total — add lines (A) through (E) above and enter on line 2a of the DE 4P | (F) _____ |

Instructions — 2 — Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances.

Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B

Estimated Deductions

- | | |
|--|--------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540. | 1. \$ _____ |
| 2. Enter \$10,726 if unmarried head of household or qualifying widow(er) with dependents.
\$10,726 if married filing jointly with two or more allowances.
\$5,363 if single, dual income, married, or married with multiple employers.
\$5,363 if married filing separately or married with "0" or "1" allowance. | |
| 3. Subtract line 2 from line 1, enter difference. | 3. \$ _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits). | 4. \$ _____ |
| 5. Add line 4 to line 3 and enter the sum. | 5. \$ _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts). | 6. \$ _____ |
| 7. If line 5 is greater than line 6 (if less, skip to line 9), subtract line 6 from line 5 and, enter the difference. | 7. \$ _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number.
Enter this number on line 2b of the DE 4P. Complete Worksheet C, if needed. | 8. _____ |
| 9. If line 6 is greater than line 5,
enter amount from line 6 (nonwage income). | 9. \$ _____ |
| 10. Enter amount from line 5 (deductions). | 10. \$ _____ |
| 11. Subtract line 10 from line 9, enter difference. | 11. \$ _____ |

Complete Worksheet C

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the [Family Code](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml). For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2024. 1. _____
2. Enter estimate of nonwage income from line 6 of Worksheet B. 2. _____
3. Add line 1 and line 2 and enter the sum. 3. _____
4. Enter itemized deductions or standard deduction from line 1 or 2 of Worksheet B, whichever is largest. 4. _____
5. Enter adjustments to income from line 4 of Worksheet B. 5. _____
6. Add line 4 and line 5 and enter the sum. 6. _____
7. Subtract line 6 from line 3 and enter the difference. 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2024 tax rate schedules below. 8. _____
9. Enter personal exemptions from line F of Worksheet A x \$158.40. 9. _____
10. Subtract line 9 from line 8 and enter the difference. 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10 and enter the difference. This is your total estimated tax liability. 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2024. Contact the payer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2024. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2024. 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need additional taxes withheld. 14. _____
15. Divide line 14 by the number of pay periods remaining in the year and enter the figure on line 3 of the DE 4P. 15. _____

Note: Your payer is not required to withhold the additional amount requested on line 3 of your DE 4P. If your payer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables are for Calculating Worksheet C and for 2024 Only

**Single Persons, Dual Income
Married or Married with Multiple Employers**

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$10,412	1.100%	\$0	\$0.00
\$10,412	\$24,684	2.200%	\$10,412	\$114.53
\$24,684	\$38,959	4.400%	\$24,684	\$428.51
\$38,959	\$54,081	6.600%	\$38,959	\$1,056.61
\$54,081	\$68,350	8.800%	\$54,081	\$2,054.66
\$68,350	\$349,137	10.230%	\$68,350	\$3,310.33
\$349,137	\$418,961	11.330%	\$349,137	\$32,034.84
\$418,961	\$698,271	12.430%	\$418,961	\$39,945.90
\$698,271	\$1,000,000	13.530%	\$698,271	\$74,664.13
\$1,000,000	and over	14.630%	\$1,000,000	\$115,488.06

Married Persons

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$20,824	1.100%	\$0	\$0.00
\$20,824	\$49,368	2.200%	\$20,824	\$229.06
\$49,368	\$77,918	4.400%	\$49,368	\$857.03
\$77,918	\$108,162	6.600%	\$77,918	\$2,113.23
\$108,162	\$136,700	8.800%	\$108,162	\$4,109.33
\$136,700	\$698,274	10.230%	\$136,700	\$6,620.67
\$698,274	\$837,922	11.330%	\$698,274	\$64,069.69
\$837,922	\$1,000,000	12.430%	\$837,922	\$79,891.81
\$1,000,000	\$1,396,542	13.530%	\$1,000,000	\$100,038.11
\$1,396,542	and over	14.630%	\$1,396,542	\$153,690.24

Unmarried Head of Household

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$20,839	1.100%	\$0	\$0.00
\$20,839	\$49,371	2.200%	\$20,839	\$229.23
\$49,371	\$63,644	4.400%	\$49,371	\$856.93
\$63,644	\$78,765	6.600%	\$63,644	\$1,484.94
\$78,765	\$93,037	8.800%	\$78,765	\$2,482.93
\$93,037	\$474,824	10.230%	\$93,037	\$3,738.87
\$474,824	\$569,790	11.330%	\$474,824	\$42,795.68
\$569,790	\$949,649	12.430%	\$569,790	\$53,555.33
\$949,649	\$1,000,000	13.530%	\$949,649	\$100,771.80
\$1,000,000	and over	14.630%	\$1,000,000	\$107,584.29

If you need more detailed information, see the instructions that came with your last California resident income tax return or call the FTB:

If you are calling from within the United States
1-800-852-5711 (Voice)
1-800-822-6268 (TTY)

If you are calling from outside the United States
 1-916-845-6500 (Not Toll Free)

The DE 4P information is collected for purposes of administering the PIT law, and under the authority of [Title 22, California Code of Regulations](#) (govt. westlaw.com/calregs/Search/Index), section 4340-1, and the [California Revenue and Taxation Code](#) (leginfo.legislature.ca.gov/faces/codes.xhtml), including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

Example for Worksheet C for the Year 2024

Payee estimates pension income to be \$1,500 a month and is claiming the standard deduction, and single, with one withholding allowance.

1. Estimate annualized income (\$1,500 a month x 12 months). Enter on line 1.	1. \$ 18,000.00
2. Estimated nonwage income.	2. \$ 8,000.00
3. Add lines 1 and 2 and enter total on line 3.	3. \$ 26,000.00
4. Enter amount for single from line 2 of Worksheet B.	4. \$ 5,363.00
5. Enter adjustments to income shown on line 4 of Worksheet B.	5. 0.00
6. Enter sum of lines 4 and 5.	6. \$ 5,363.00
7. Subtract line 6 from line 3 and enter difference on line 7.	7. \$ 20,637.00
8. Compute the tax liability for the amount on line 7.	
Use the 2024 tables for single from Worksheet C under the entry covering \$20,637 (over \$10,412 but not over \$24,684). Compute 2.200% of the amount over \$10,412 ([$\$20,637 - \$10,412$] x 0.02200 = \$224.95). \$ 224.95 Additional + tax amount. <u>\$ 114.53</u> Enter the total on line 13. Total <u>\$ 339.48</u>	8. \$ 339.48
9. Enter the amount for one personal exemption on line 9 (1 x \$158.40).	9. \$ 158.40
10. Subtract line 9 from line 8 and enter the difference on line 10.	10. \$ 181.08
11. Enter any tax credits that will be allowed for 2024 (see FTB Form 540).	11. 0.00
12. Subtract line 11 from line 10 and enter the difference on line 12. This is your total estimated tax liability.	12. \$ 181.08
13. Calculate the tax withheld and estimated to be withheld during 2024.	
Withholding on the pension of \$1,500 a month claiming single with one withholding allowance based on the California withholding schedule for 2024 is $\$1.52 \times 12 = \18.24 . Enter that amount on line 13.	13. \$ 18.24
14. Subtract line 13 from line 12. Enter difference on line 14.	14. \$ 162.84
15. Divide line 14 by the number of pay periods remaining in the year. ($\$162.84 \div 12 = \13.57)	15. \$ 13.57

Enter \$13.57 on line 3 of the DE 4P.

Certificate Attestation

I hereby certify that the document being submitted is a true and correct copy and that the copy contains no alterations from the original.

1. Each certificate requires a separate Certificate Attestation.
2. Each Certificate Attestation must be submitted together with the certificate.
3. Any certificate submitted without the Certificate Attestation will be rejected.

This copy of this document is being submitted for the purpose of determining eligibility and/or benefits.

I understand that MCERA shall rely on the accuracy of the information being provided within this copy. I further understand that providing false, altered, or misleading information may result in a forfeiture of any related benefit and may make me liable for repayment of any funds received based on the copied document submitted.

Member Name

Last 4 of SSN

Name of Person Submitting Document if Different

Relationship to Member

Signature

Date

Name of Person(s) Listed on Certificate

Type of Certificate:

Birth

Marriage

Domestic Partnership

Death

Other:



CONGRATULATIONS ON YOUR RETIREMENT!

NOW you have the opportunity to join the:

Association of Mendocino County Retired Employees (AMCRE)
P.O. Box 903, Ukiah, CA 95482
Website: <http://www.amcre.org>

AMCRE was organized in 1982 and is the only organization devoted solely to retired Mendocino County employees to promote the welfare of our members and provide a means for continuing friendships formed through the years.

AMCRE is affiliated with the California Retired County Employees Association (CRCEA), which is comprised of 20 counties operating under the County Employee Retirement Law Act of 1937 (37 Act). CRCEA provides AMCRE with representation at the California State level and alerts us to legislation affecting 37 Act Counties and their retirees.

Join AMCRE by completing an Application for Membership and Dues Deduction Authorization. Current membership dues are \$2.00 per month and are payable by automatic deduction from your monthly retirement benefit payment. Your completed AMCRE application and deduction authorization must be submitted to the Retirement Office for processing.

AMCRE Board meetings are held on the 2nd Monday of January, April, July, October and November at Slam Dunk Pizza at 12:00 p.m. (noon) unless otherwise notified. Anyone may attend. General Membership meetings are usually held on the 2nd Monday of February, May, August, and December and will be announced by newsletter. Our newsletter (The Connection) includes important information about AMCRE meetings, how to contact AMCRE, Scholarship information and more. Visit the AMCRE website at www.amcre.org for additional information and to view past and present newsletters. Contact one of us if you would like to get involved with our organization.

AMCRE offers the following Voluntary Benefit Plans to its members: Dental PPO by Ameritas; Vision by VSP; ID Shield (Identity Theft); Legal Shield; Personal Accident; Travel Guard (Trip Cancellation/Delay, Emergency Assistance Plus (Annual Travel Policy); Nationwide Pet Insurance; Pet Care by United Pet Care; Life Insurance; Pet Insurance by Nationwide; and Amplifon Hearing. Please contact the Benefits Administrator at Pacific Group Agencies at (800) 511-9065 or AMCRE@pgagencies.com for more information. Enrollment is offered when you retire. Open enrollment is offered each November.

AMCRE also offers scholarships to the children and grandchildren of AMCRE members who will attend or continue to attend a college or trade school full time. Applications are available each late April/early May to high school seniors and college students who qualify. Details on how to apply are announced in the spring newsletter and can be found at www.amcre.org. If you are unable to access the website and need an application, contact Cyndi Montesonti, Scholarship Chair at 707-489-7752 or by email listed below. The Air Med Care Network/Reach (Helicopter Medical Flights) offers a discounted yearly rate to Mendocino County Retirees. Please contact Nicole Vice, Air Med Care, at (707) 239-2505 or Nicole.Vice@gmr.net for more information. If you need any additional information regarding AMCRE please contact any of the following: Cyndi Montesonti, Secretary/Co-Editor/Scholarship Co-Chair: (707) 489-7752 or tomcyndichili@comcast.net; Dorinda Miller, Director/Co-Editor/Membership Committee: (707) 489-8564 or dmiller0404@gmail.com; or Tommy Ingram, President: (707)391-5628 or tom823371@gmail.com.



ASSOCIATION OF MENDOCINO COUNTY RETIRED EMPLOYEES
Application for Membership
AND
Authorization for Automatic Deduction

By signing and submitting this form, I agree to become an Association of Mendocino County Retired Employees (AMCRE) member.

I hereby authorize Mendocino County Employees Retirement Association (MCERA) to deduct from my retirement benefit the **current membership dues*** and pay that amount to AMCRE. Such deduction shall continue without requiring my reauthorization of the deduction, until I provide written notification to revoke this authorization.

Name Phone Number

Mailing Address

City State Zip Code

Email Address

Date Retired Years of Service Department

Signature Date

RETURN TO the Mendocino County Employees Retirement Association:
MCERA
625-B Kings Ct.
Ukiah, CA 95482

* **Currently \$2 per month.** AMCRE will provide members with at least 60-days advance of any change in membership dues. You are required to maintain membership in AMCRE to have coverage under any Pacific Agency Group plans and coverages may be terminated without warning should your AMCRE membership lapse. Membership dues are paid in arrears and are deduction from the retirement benefit – i.e., the April dues are deducted from the benefit payment issued April 30th.

SERVICE RETIREMENT POLICY

I. PURPOSE AND BACKGROUND

MCERA exists to provide Members, and their beneficiaries, sustainable benefits and exceptional service through professional plan administration and prudent investment practices. To accomplish this mission, the Association collects contributions from plan sponsors and the corresponding information regarding service performed by each Member during each pay period.

The Association is governed by the County Employees Retirement Law (“CERL” or “1937 Act”), Association By-Laws, and Resolutions and Policies adopted by the MCERA Board of Retirement and the governing bodies of plan sponsors. These governing documents are collectively known as the Plan Documents. The Plan Documents require that Members may not receive payment for regular employment by a covered plan sponsor and retirement benefits from the Association for the same period of time.

Historically, the Association allowed Members to choose retirement dates at their convenience. With the implementation of a Pension Administration System (PAS) in early 2016, this practice became problematic. The information submitted by plan sponsors for a retiring Member indicates a separation date at the end of the pay period only. The contributions to the Association by the plan sponsor and the retiring Member are calculated as if the Member worked the full pay period.

The contributions are determined in this manner to ensure alignment between contributions and the retirement service credit for the Member. The Association receives no information regarding what days in the period the Member worked or did not work.

II. POLICY OBJECTIVES

This policy is adopted in order to ensure the Association complies with its Plan Documents and to provide clear guidance to Members as to the eligible dates of retirement with the Association. Further, this policy provides deadlines by which Members must submit their completed retirement application in order to become retired by the dates specified by this policy and clarifies when a Member shall receive their monthly retirement benefit from the Association.

III. POLICY GUIDELINES

A. RETIREMENT DATE

The earliest date an Active Member in MCERA may become retired is the first day following the last pay period in which the Member receives compensation from the plan sponsor for regular employment. An Active Member of MCERA may elect a later date of retirement, at their option,

but should be aware of the impact this election may have upon the conversion of accrued sick leave into retirement service credit (see below).

If a Member submits a retirement application and receives compensation earnable or pensionable compensation from an MCERA plan sponsor after the retirement date elected, then the retirement application shall be cancelled. The Member must submit a new retirement application if a prior application is cancelled.

B. CONVERSION OF SICK LEAVE TO SERVICE CREDIT

In accordance with Plan Documents, an Active Member in MCERA may have all accrued sick leave converted to retirement service credit for the calculation of their retirement benefit if the Member retires upon separation from a MCERA covered plan sponsor. To qualify for this conversion of sick leave to retirement service credit, a Member must elect a retirement date as specified above in subsection A. If an Active Member elects a retirement date after the date specified above in subsection A, then the Member is ineligible to convert accrued sick leave to retirement service credit.

C. MEMBERS WITH RECIPROCAL SERVICE

A Member of MCERA with reciprocal service must retire from all reciprocal systems on the same day in accordance with Plan Documents. Nothing in this policy shall be construed to alter or modify this requirement.

D. RETIREMENT APPLICATION DEADLINES

Plan documents require that a retirement application must be submitted no later than the retirement date. As outlined above in subsection A, for Active Members, the retirement date shall be the day after the end of the final pay period. Pay periods for MCERA plan sponsors currently end on Saturday.

The retirement date for Active Members as described above in Section A will be Sunday, unless the Active Member elects a later date. Since the Association is closed on weekends, the deadline to submit a retirement application is the Friday prior to the retirement date. Any retirement applications submitted with a requested retirement date prior to the date the application is received shall have the retirement date adjusted to the date the application is received by the Association.

Plan documents allow that a Member may submit a retirement application no more than 60 days in advance of the retirement date. An application submitted more than 60 days prior to the retirement date shall be rejected by the Association.

The Member must submit a complete retirement application to the Association. An incomplete retirement application shall be rejected by the Association.

E. RETIREMENT APPROVAL

Plan documents require the MCERA Board of Retirement to approve retirement applications. A report of retirement applications shall be presented to the MCERA Board of Retirement for approval at the regular Board meeting prior to the payment of the retirement benefit.

F. RETIREMENT CANCELLATION

A Member may cancel their retirement application by submitting a written cancellation request prior to the retirement date. For Active Members, the retirement dates specified in this policy occur on Sundays. Thus, a retirement cancellation request by an Active Member must be received by the Friday before the retirement date on Sunday in order for the Association to cancel the retirement.

G. RETIREMENT BENEFIT PAYMENTS

Upon the retirement of a Member, the Association commences to pay retirement benefits to the Member. The Member shall receive their first retirement benefits at the end of the first full month of retirement. If a Member retires on the first day of a month, then that Member shall receive their first retirement benefit check at the end of that month. If a Member retires on any day other than the first day of the month, then the Member shall receive their first retirement benefit check at the end of the following month.

H. APPEAL OF ADMINISTRATIVE DECISION

A member may appeal an administrative decision related to a service retirement in accordance with the Administrative Hearing Policy adopted by the MCERA Board.

IV. POLICY REVIEW

This Policy is subject to change in the exercise of the judgment of MCERA management. The MCERA Executive Director may review and amend this policy at any time in accordance with the Executive Director Charter, Section III.C.7.

V. POLICY HISTORY

This policy was implemented by the MCERA Retirement Administrator on July 12, 2017. This policy was amended by the MCERA Executive Director on July 18, 2018.

RETIREE RETURN TO COVERED EMPLOYMENT POLICY

I. PURPOSE AND BACKGROUND

In 2013 the California State Legislature instituted broad pension reforms with the enactment of the Public Employees' Pension Reform Act (PEPRA). These reforms imposed additional restrictions on MCERA retirees who return to work in Covered Employment. For purposes of this Policy, Covered Employment means either the employment or the contracting for services of a MCERA retiree by any MCERA plan sponsor (Mendocino County, Mendocino County Superior Courts and Russian River Cemetery District).

PEPRA also shifted the oversight responsibilities to public pension plans in several new areas. With respect to MCERA retired members, PEPRA transformed what was traditionally an employer oversight function into a shared auditing, monitoring and oversight function between the employer and the public pension plan. Retirees and plan sponsors need to be cognizant of this change and the additional restrictions imposed when a MCERA retiree enters Covered Employment; otherwise the MCERA retiree risks jeopardizing his/her retirement benefits.

MCERA retirees frequently return to the workforce after retirement; and they are free to do so without MCERA approval. However, if the retiree returns to Covered Employment, there are restrictions on how quickly the retiree can return to Covered Employment and how many hours he/she can work annually in Covered Employment. This policy is intended to assist retirees and plan sponsors to assure that the post-retirement employment relationship is in compliance with the law.

MCERA retirees working in any situation other than Covered Employment are generally free to work without restrictions or penalties. When MCERA retirees choose to work for employers that are not MCERA plan sponsors, it is permissible for the retiree to earn the income from that employment and continue to collect their MCERA retirement allowance. Because such employment relationships do not meet the definition of Covered Employment, the restrictions outlined below do not apply.

MCERA retirees are encouraged to contact MCERA to discuss returning to Covered Employment prior to doing so to fully understand the requirements. The consequences for failure to follow the laws and rules regarding a return to Covered Employment can be significant. MCERA staff is here to help you understand the requirements and avoid any negative impacts.

II. POLICY OBJECTIVES

This policy is adopted in order to ensure MCERA complies with its Plan Documents and to provide clear guidance to Members regarding requirements for returning to Covered Employment after MCERA retirement.

III. POLICY GUIDELINES

A. ELIGIBILITY TO RETURN TO COVERED EMPLOYMENT

1. PEPRA REQUIREMENTS

For a MCERA retiree to be eligible to return to Covered Employment, PEPRA requires the retiree have a 180 day break in service, unless the Covered Employment qualifies for an exception from the 180 break in service requirement. MCERA retirees may qualify for an exception by either:

- a. The Covered Employment is in a public safety position, or
- b. The employer certifies by a vote of the governing body on a non-consent agenda item that two conditions exist: (1) either there exists an emergency requiring the retiree return to Covered Employment to prevent the stoppage of public business or the retiree has skills needed to perform work of limited duration in Covered Employment; and (2) that the appointment of the retiree is necessary to fill a critically needed position before the 180 day break in service.

These exceptions to the PEPRA required break in service do not apply in certain situations. To ensure eligibility to return to Covered Employment, the retiree is encouraged to contact MCERA to discuss the specifics of their situation.

2. INTERNAL REVENUE CODE REQUIREMENTS

If the retiree is less than the MCERA defined “Normal Retirement Age”, then there are additional requirements to be eligible to return to Covered Employment. Normal Retirement Age for MCERA is defined by the MCERA Regulation for Internal Revenue Code of 1986 (IRC) Section 401(a) – Normal Retirement Age adopted by the Board of Retirement in Resolution 2014-08. The regulation specifies the Normal Retirement Age as age 62 for General Members and 50 for Public Safety Members.

Before returning to Covered Employment, a MCERA retiree that is less than the Normal Retirement Age must have a bona fide break in service as outlined in the MCERA Regulations for the Internal Revenue Code of 1986 (IRC) Section 401(a) – Return To Work and Separation From Service, adopted by the Board of Retirement in Resolution 2014-08. The regulations require both of the following: (i) that the member has not entered into a predetermined agreement to return to work, and (ii) a minimum 60 day break in service for a member who is less than the Normal Retirement Age, regardless of whether the exceptions to the PEPRA required 180 day break in service outlined above are satisfied.

3. EXCEPTION TO PEPRA AND INTERNAL REVENUE CODE REQUIREMENTS

The only allowed exception to the eligibility requirements outlined in subsections 1. and 2. above is for emergency situations as defined in Government Code section 8558. MCERA requires certification from the employer that the Covered Employment of the retiree is directly related to the emergency situation. MCERA will review the certification from the employer as well as other sources of information and may reject the exception to the eligibility requirements to

return to Covered Employment by sending a notice of such to both the employer and the MCERA retiree.

B. CONSEQUENCES OF VIOLATING ELIGIBILITY TO RETURN TO COVERED EMPLOYMENT

If a MCERA retiree returns to Covered Employment without meeting the eligibility requirements in Section A. above, the member is required to reinstate to active employment status as of the date the retiree returned to Covered Employment. Reinstatement to active employment status and the corresponding consequences are outlined in Section E. below.

In addition to the reinstatement to active employment status, the MCERA retiree may be required to return to MCERA any retirement benefit payments that are determined to have been paid after the member was reinstated to active employment status. Such payments shall be classified as overpayments and handled in accordance with the MCERA Board adopted Overpayment Policy.

C. LIMITS ON COVERED EMPLOYMENT

Once a MCERA retiree has established eligibility to return to Covered Employment, they are subject to limits on the amount of work they are eligible to perform in Covered Employment. MCERA retirees may not work or be compensated for more than 960 hours in any fiscal year. The rate of pay for a MCERA retiree that returns to Covered Employment must be in line with that of other employees performing comparable duties.

1. FULL-TIME, PART-TIME OR EXTRA HELP EMPLOYMENT

The employer shall report the hours worked in full-time, part-time or extra help employment by a MCERA retiree in Covered Employment to MCERA each pay period. It is the responsibility of the MCERA retiree to ensure compliance with all MCERA plan documents regarding Covered Employment. Retirees should carefully monitor their hours worked in Covered Employment to ensure they do not exceed the limits.

The accumulation of hours worked in a fiscal year is based on the date of payment for the hours. For example, if a MCERA retiree works in Covered Employment in late June for which they receive payment in early July, those hours count toward the 960 hour limit in the new fiscal year since the employee was paid in the new fiscal year.

2. CONTRACT FOR SERVICES

A MCERA retiree that returns to Covered Employment via a contract for services is required to submit a copy of the approved contract with the employer and all invoices under the contract for services to MCERA. MCERA will review the contract and subsequent payments to determine the number of hours worked in Covered Employment. It is the responsibility of the MCERA retiree to ensure compliance with all MCERA plan documents regarding Covered Employment. Retirees should carefully monitor their hours worked in Covered Employment to ensure they do not exceed the limits.

3. EXCEPTION TO LIMITS ON COVERED EMPLOYMENT

The only allowed exception to the limits on Covered Employment outlined in this section is for emergency situations as defined in Government Code section 8558. MCERA requires certification from the employer that the Covered Employment of the retiree is directly related to the emergency situation. MCERA will review the certification from the employer as well as other sources of information and may reject the exception to the limit on Covered Employment by sending a notice of such to both the employer and the MCERA retiree.

D. CONSEQUENCES OF VIOLATING LIMITS ON COVERED EMPLOYMENT

The retiree has a responsibility to ensure their Covered Employment does not exceed the 960 hour maximum. Regardless of the hourly rate, each hour worked/paid counts toward the 960 hours limit, including but not limited to, regular, overtime and on-call or standby hours.

If a MCERA retiree who is eligible to return to Covered Employment exceeds the limits on Covered Employment outlined in Section C. above, the retiree is required to reinstate to active employment status as of the date the retiree exceeded the limit on Covered Employment. Reinstatement to active employment status and the corresponding consequences are outlined in Section E. below.

In addition to the reinstatement to active employment status, the MCERA retiree may be required to return to MCERA any retirement benefit payments that are determined to have been paid after the member was reinstated to active employment status. Such payments shall be classified as overpayments and handled in accordance with the MCERA Board adopted Overpayment Policy.

1. EXCEPTION TO REINSTATEMENT FOR DE MINIMIS VIOLATION OF LIMIT ON COVERED EMPLOYMENT

If a MCERA retiree that has returned to Covered Employment status, exceeds the limits on Covered Employment outlined in Section C. above by a de minimis amount, then the member may agree to a reduction in their next monthly retirement benefit payment by the amount of earnings in excess of the limit on Covered Employment. Such agreement will be on a form as set forth by MCERA and shall be signed by the retiree.

If the retiree does not agree to the reduction in the next monthly retirement benefit, then the retiree is required to reinstate to active employment status. Reinstatement to active employment status and the corresponding consequences are outlined in Section E. below.

If a retiree agrees to the reduction in the next monthly retirement benefit and subsequently further exceeds the limits on Covered Employment, the retiree is required to reinstate to active employment status. Reinstatement to active employment status and the corresponding consequences are outlined in Section E. below.

DI. REINSTATEMENT TO ACTIVE EMPLOYMENT STATUS

Upon the reinstatement of a MCERA retiree to active employment status, MCERA is required to suspend the member's retirement benefit until such time as the member retires from active employment status or provides evidence to MCERA that the member should not be reinstated to

active employment status. Any MCERA retiree that is reinstated to active employment status under this Return to Covered Employment Policy shall have their retirement benefit suspended at least one month.

Once a retired member is reinstated to active employment status, the member will remain in such status until the member retires from active employment. After reinstatement to active employment status the member and employer are responsible for remitting all required retirement contributions in accordance with MCERA plan documents. The member will be eligible for an additional retirement benefit based upon the service and salary earned after reinstatement to active employment status. The suspended retirement benefit is not changed in any way due to the reinstatement to active employment and subsequent retirement.

F. APPEAL OF RETIREE RETURN TO COVERED EMPLOYMENT DECISION

A member may appeal an administrative decision related to this policy in accordance with the Administrative Hearing Policy adopted by the MCERA Board.

IV. POLICY REVIEW

This Policy is subject to change in the exercise of the Board's judgment. The Board shall review this Policy at least every three years to ensure that it remains relevant and appropriate and consistent with state and federal laws and regulations.

V. POLICY HISTORY

The Board of Retirement adopted this policy on September 19, 2018. This policy was reviewed and amended by the Board of Retirement on July 21, 2021

BENEFIT PAYMENT POLICY

I. PURPOSE

The payment of benefits to members is the core purpose of the Mendocino County Employees Retirement Association (MCERA). The MCERA Strategic Plan recognizes this fact with the stated objective “MCERA will maintain a 100% success rate in the timely delivery of monthly retirement benefits.” The purpose of this Policy is to establish and document the guidelines and procedures regarding the payment of benefits to members.

II. POLICY OBJECTIVES

Payment via automated clearing house (ACH or direct deposit) is the most secure and certain means by which MCERA is able to ensure timely delivery of benefits to our members. Accordingly, all members are strongly encouraged to elect direct deposit for regular monthly benefit delivery.

III. POLICY GUIDELINES

MCERA pays regular monthly retirement benefits and lump sum benefits to members. All benefit payments are made monthly, in arrears, on the last banking day of the month. The following policy guidelines regarding the payment of benefits are hereby adopted.

A. REGULAR MONTHLY RETIREMENT BENEFIT PAID BY DIRECT DEPOSIT

For members retiring after November 6, 2019, benefit payments will only be made via automated clearing house (ACH or direct deposit) to the account designated by the member. Once a member has elected direct deposit, that member, regardless of their retirement date shall only have future benefits paid by direct deposit. The Executive Director may allow exceptions to the direct deposit requirement in extenuating circumstances.

MCERA will pay regular monthly retirement benefits by direct deposit on the last banking day of the month. MCERA has a Business Continuity Plan (BCP) with back-up capabilities to ensure the

payment of regular monthly retirement benefit paid by direct deposit occurs on the scheduled payment date.

B. REGULAR MONTHLY RETIREMENT BENEFIT PAID BY CHECK

For members who retired prior to November 6, 2019 and have not previously elected to receive benefits by direct deposit, MCERA will process regular monthly retirement benefits by check. These checks will be mailed to the member at the address provided to MCERA by the member.

It is the position of the Board that the processing of regular monthly retirement benefits paid by check is not a critical operation in the event of a disruption to MCERA operations, and the activation of the BCP. In accordance with this position, MCERA will not process regular monthly retirement benefits paid by check during a disruption to MCERA operations requiring the activation of the BCP. MCERA will process regular monthly retirement benefits paid by check after the conclusion of the disruption to MCERA operations and the de-activation of the BCP. The Executive Director may, at his or her sole discretion, approve the processing of regular monthly retirement benefits paid by check during a disruption to MCERA operations, and the activation of the BCP.

If MCERA receives advance notice of a disruption, staff may attempt to complete the processing of regular monthly retirement benefits paid by check in advance of the disruption. If advance processing of regular monthly retirement benefits paid by check is completed, those checks will be mailed to members in accordance with this policy. The processing of regular monthly retirement benefits paid by direct deposit shall always take precedence over the processing of regular monthly retirement benefits paid by check.

Regular monthly retirement benefit checks will be delivered by mail only, members may not pick up a check. Regular monthly retirement benefit checks will be mailed on or after the last banking day of the month. If either the MCERA Office or County Offices are closed, for any reason, on the last banking day of the month, checks will be mailed on the next business day on which both MCERA and County Offices are open.

C. LUMP SUM BENEFIT PAYMENTS

Lump sum benefit payments to members are paid by paper check and will be processed in a manner similar to the regular monthly retirement benefit checks paid by check described above.

D. LOST CHECKS

If a member notifies MCERA that a regular retirement benefit check or a lump sum benefit check has been lost, MCERA will send the member the Lost Check Affidavit form. When the member returns the Lost Check Affidavit, MCERA staff will initiate the process to issue a replacement payment. If the member elects to receive the replacement benefit by direct deposit, the replacement benefit will be issued the business day following the receipt of the completed Lost Check Affidavit form. If the member elects to receive the replacement benefit by check, a replacement check will be issued no sooner than 5 business days after receipt of the Lost Check Affidavit form. A replacement check will be treated in a manner similar to the regular monthly retirement benefit checks paid by check described above.

IV.POLICY REVIEW

This Policy is subject to change in the exercise of the judgment of MCERA management. The Executive Director may review and amend this policy at any time in accordance with the Executive Director Charter, Section II.C.7.

V.POLICY HISTORY

This policy was implemented by the MCERA Executive Director on November 6, 2019.

Retirement Benefit Pay Dates

Retirement benefit payments are processed once a month and paid on the last banking day of each month. Checks will be mailed, and direct deposits will be scheduled for deposit, on the dates listed below. Please contact your financial institution to see when funds will be placed into your account.

2024

Benefit Month	Check Mailing and Direct Deposit Date
<i>January</i>	1/31/2024
<i>February</i>	2/29/2024
<i>March</i>	3/29/2024
<i>April</i>	4/30/2024
<i>May</i>	5/31/2024
<i>June</i>	6/28/2024
<i>July</i>	7/31/2024
<i>August</i>	8/30/2024
<i>September</i>	9/30/2024
<i>October</i>	10/31/2024
<i>November</i>	11/29/2024
<i>December</i>	12/31/2024

2025

Benefit Month	Check Mailing and Direct Deposit Date
<i>January</i>	1/31/2025
<i>February</i>	2/28/2025
<i>March</i>	3/31/2025
<i>April</i>	4/30/2025
<i>May</i>	5/30/2025
<i>June</i>	6/30/2025
<i>July</i>	7/31/2025
<i>August</i>	8/29/2025
<i>September</i>	9/30/2025
<i>October</i>	10/31/2025
<i>November</i>	11/28/2025
<i>December</i>	12/31/2025