



Classified Employee Irrevocable Election Form

Print Form

Reset Form

Participation in the State Board Retirement Plan (SBRP) is generally limited to faculty, professional exempt and administrative exempt staff assigned to work half-time or more for two quarters. However, active SBRP participants may continue participation in the plan after moving to a classified position by opting to do so within 30 days. Alternatively, SBRP participants who move into classified positions with the same employer may opt to establish or re-establish membership in the Public Employee Retirement System (PERS).

You have received this notice and irrevocable election form because you are an SBRP participant who has accepted a position within the classified staff. This form is for use with SBRP eligible employees who have moved into a classified staff position with the same employer and have the option to continue SBRP participation or be a PERS member. *If moving to a different employer/college to an ineligible position, the option to stay in SBRP is not applicable.*

A plan comparison is available at the following link:

<https://www.sbctc.edu/colleges-staff/my-employment/public-employee-retirement-system-3-comparison.aspx>

Option 1 - If you have no prior history of PERS membership, choose one of the following:

SBRP PERS 2 PERS 3 N/A

Option 2 - If you have been a previous member of PERS 2, choose one of the following:

SBRP PERS 2 N/A

Option 3 - If you have been a previous member of PERS 3, choose one of the following:

SBRP PERS 3 N/A

You have 30 days from receipt of this notice to submit this completed form to the benefits office, otherwise you will be defaulted into PERS. (PERS 3 is the default unless you previously participated in PERS 2.) Effective date of participation will be the date the completed form is submitted. Please make sure you reserve enough time to carefully consider your options and make an election.

Employee's Irrevocable Retirement Plan Choice: By my signature below, I certify that I fully understand the retirement plan information and options applicable to me. I understand this choice may not be revoked during my employment with an eligible employer.

Employee's Name (print)

Employee's Signature

Date

Employee: Return the completed form to your Human Resources Consultant.