

Los Angeles City Employees' Retirement System (LACERS)
Checklist For New Retirees

1. What is your current payroll status?
Active Leave with pay Leave without pay Other _____

2. Are you now receiving your highest salary while employed by the City of Los Angeles?
YES NO If No, When? _____

3. Do you have any Part-Time service with the City of Los Angeles?
NO YES If Yes, When? _____

4. Have you ever worked for the Department of Water and Power (DWP)?
NO YES If Yes, When? _____
Note: If you are a single member and request a refund of your survivor contribution funds, your actual refund will be adjusted to reflect your time with DWP. This is because while you were employed by the DWP, you did not contribute survivor contribution funds as a part of your retirement contributions. Therefore, if you have received a refund estimate from LACERS, please be advised that the refund amount may be overstated.

5. Are you paying off a Service Credit Purchase contract?
NO YES Note: All contracts must be paid in full prior to your retirement effective date in order to receive full service credit.

6. Do you intend on purchasing additional service credit before you retire?
NO YES If Yes, For What Time Period? _____
Note: Please provide ample time before your retirement date for calculating your cost. All payments must be completed before you retire.

7. Are you on the 9/80 or 4/10? NO YES
Note: If Yes, what is/are your day/days off? _____

8. Will you be working for another government agency after retirement?
YES NO DON'T KNOW
Note: If yes, please discuss possible reciprocity options with your counselor.

9. Do you have reciprocity with another government agency within California?
NO YES DON'T KNOW
Note: There are specific conditions for reciprocity. The retirement date must be the same for all reciprocal systems. Please discuss with your retirement counselor if this applies to you.

10. Were you on Worker's Compensation for more than one year during your City employment, and did you ever receive temporary disability payments (state rate)? NO YES If Yes, When? _____
Note: Service credit does not accrue during periods for which you received "state rate" payments. You **may** be entitled to purchase the time that you were on state rate.

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11. Do you have a wage assignment or garnishment being deducted from your current City of Los Angeles paycheck? NO YES

Note: Some wage garnishments may continue into retirement.

12. Do you have Larger Annuity Funds on account with LACERS?
 YES NO DON'T KNOW

Note: If yes, your funds on account cannot remain with LACERS once you have retired. Please discuss your options with the retirement counselor.

13. Are you interested in purchasing a Larger Annuity from LACERS before you retire?
 NO YES DON'T KNOW

Note: This is an optional benefit that can supplement your retirement allowance. However, this supplemental benefit must be purchased prior to your retirement effective date. Please discuss with your retirement counselor if you are interested.

14. Are you qualified to receive Social Security Benefits?
 NO YES DON'T KNOW

Note: If you are entitled to receive a benefit there may be an offset. Please check with the Social Security Administration and review the LACERS Social Security handout.

15. Are you eligible to receive Medicare Part A?
 NO YES DON'T KNOW

Note: You may be eligible to receive Medicare Part A if you have 40 or more quarters in the Social Security System. All retirees will be eligible for Medicare Part B, upon reaching age 65. The Social Security Administration will charge you for the Medicare benefit. LACERS will only reimburse retirees who are covered by both Part A and Part B, and are enrolled in a LACERS medical plan.

Please provide LACERS with a letter of eligibility from the Social Security Administration if you are age 65 or over.

16. Do you plan to move to another State in the near future?
 NO YES If Yes, When? _____

Note: You may wish to meet with a LACERS Health Advocate to discuss your Health and Dental Insurance Options and /or reimbursement eligibility.

Member's Signature	Social Security Number	Date Signed

For LACERS use only: Counselor _____