



# ELECTION NOT TO PARTICIPATE IN RECIPROCAL RETIREMENT BENEFITS ARRANGEMENT – ALL MEMBERS

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

DWP Identification Number: \_\_\_\_\_ Last Day at DWP: \_\_\_\_\_

I hereby choose not to participate in the reciprocal retirement benefits arrangement between the Department of Water and Power Employees Retirement Plan (WPERP) and the Los Angeles City Employees' Retirement System (LACERS). I do this with the following understanding:

- 1) If I should subsequently desire to purchase the same period of service credit in LACERS, it may cost me considerably more than the funds I will receive from WPERP.
- 2) I will not be able to carry forward my WPERP membership date into LACERS; therefore, my eligibility for a service retirement, disability retirement, and/or some death benefits may be impacted.
- 3) I will not be able to carry forward my WPERP membership date into LACERS for purposes of determining the Tier of my LACERS membership.
- 4) If my WPERP membership date is prior to July 1, 2013, and I transfer to LACERS on or after July 1, 2013 and choose not to participate in the reciprocal retirement benefits arrangement, my membership with LACERS will be in Tier 2.

\_\_\_\_\_  
Signature Date

This form must be signed in the presence of LACERS staff or your signature must be notarized.

### LACERS Staff Attestation:

This Negative Election form was signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_

Printed Name & Signature of LACERS Staff Member \_\_\_\_\_

**OR**

### Notarial Acknowledgement:

STATE OF \_\_\_\_\_ }

County of \_\_\_\_\_ }

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument, and acknowledged to me that s/he executed same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary

[Seal]

**ADA NOTICE**

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services, and activities.