

# SUPPLEMENTARY RETIREMENT PLAN (SRP)



## LOS ANGELES COMMUNITY COLLEGE DISTRICT

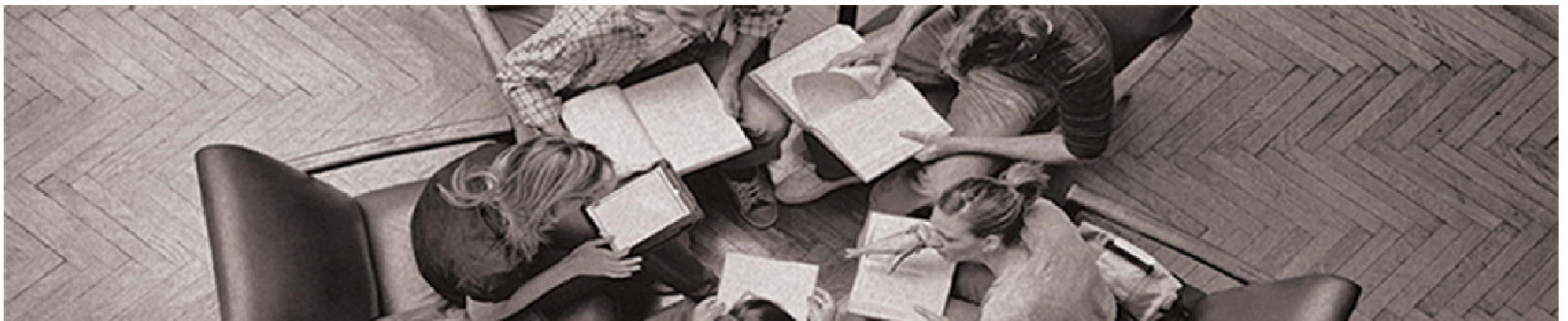
February 2017

**PLEASE SIGN IN**

PUBLIC  
AGENCY  
RETIREMENT  
SERVICES

**PARS**

TRUSTED SOLUTIONS. LASTING RESULTS.



# WHAT WILL WE COVER TODAY?

- Who is PARS?
- Eligibility and Participation Requirements
- SRP Benefit Plan Structure
- Annuity Options
- Review of Enrollment Forms
- SRP Enrollment Deadline
- First SRP Benefit Payment
- Questions and Answers

# WHO IS PARS?

- Public Agency Retirement Services (PARS) will administer the District's plan
- PARS serves over:
  - 800+ client agencies
  - 420,000+ plan participants
  - 1,400+ retirement plans
- Administers retirement incentive plans since 1984

# ELIGIBILITY REQUIREMENTS

**SRP eligibility will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.**

## **Academic Faculty**

1. Full-time Academic Faculty who are employed by the Los Angeles Community College District as of January 11, 2017;
2. Have completed at least five (5) full years of District service as of June 30, 2017;
  - Full year of service is defined by 1.0 FTE and fulfillment of their contractual obligation for the 2016-2017 Academic Year.
3. Are 1.0 FTE;

## ELIGIBILITY REQUIREMENTS

4. Are eligible to retire under CalSTRS (age 55 with five (5) years of CalSTRS service credit or age 50 with thirty (30) years of CalSTRS service credit) or CalPERS (age 50 with five (5) years of CalPERS service credit) as of June 30, 2017;
5. Complete the 2016-2017 Academic Year;
6. Submit all required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the office of PARS between April 10, 2017 and April 28, 2017; and
7. Have Resigned from District employment effective no later than June 30, 2017.

# ELIGIBILITY REQUIREMENTS

**SRP eligibility will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.**

## **Administrators, Supervisors, Classified, Confidential & Managers**

1. Academic Administrators, Academic Supervisors, Represented Classified (Clerical/Technical, Operations, Crafts and Supervisors), Classified Confidential and Classified Managers who are employed by the Los Angeles Community College District as of January 11, 2017;
2. Have completed at least five (5) full years of District service as of June 30, 2017;
3. Are 1.0 FTE;

## ELIGIBILITY REQUIREMENTS

4. Are eligible to retire under CalSTRS (age 55 with five (5) years of CalSTRS service credit or age 50 with thirty (30) years of CalSTRS service credit) or CalPERS (age 50 with five (5) years of CalPERS service credit) as of June 30, 2017;
5. Submit all required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the office of PARS between April 10, 2017 and April 28, 2017; and
6. Have Resigned from District employment effective on June 30, 2017 or December 29, 2017.

# CALSTRS/CALPERS RETIREMENT

- If retiring from CalSTRS/CalPERS, you must apply separately for CalSTRS/CalPERS retirement
- Contact CalSTRS/CalPERS to:
  1. Schedule an individual counseling appointment
  2. Obtain a CalSTRS/CalPERS Retirement Application

**CalSTRS general office:  
(800) 228-5453  
[www.calstrs.com](http://www.calstrs.com)**

**CalPERS general office:  
(888) 225-7377  
[www.calpers.com](http://www.calpers.com)**

**Also contact Social Security to determine your benefits under Social Security and Medicare:**

**(800) 772-1213   [www.ssa.gov](http://www.ssa.gov)**



## BENEFIT DESCRIPTION

- The District shall make employer contributions into a 403(b) annuity contract held at Pacific Life Insurance Company.
- The sum of the contributions shall equal **75% of *Final Annual Base Pay***.
- Final Annual Base Pay shall be defined as the employee's final annual base salary (inclusive of career increment/longevity) for the 2016-2017 Fiscal Year.
  - Final Annual Base Pay does not include differentials, stipends, and extra and hourly assignments, as applicable.

## BENEFIT DESCRIPTION

- For those participating in the Reduced Workload Program, Final Annual Base Pay shall be defined as the final annual base salary (inclusive of career increment/longevity) for the 2016-2017 Fiscal Year as if the participating employee was working 1.0 FTE.
- For those on a temporary leave of absence (of any kind), Final Annual Base Pay shall be defined as the final annual base salary (inclusive of career increment/longevity) for the 2016-2017 Fiscal Year as if the participating employee had worked in the same classification in regular status for the entire 2016-2017 Fiscal Year.

# BENEFIT PAYMENT

- The projected monthly amounts illustrated on your Benefit Illustration are based on annuity rates at the time the illustration was printed. The final amount of your benefit will be determined prior to your first distribution based on current annuity rates at the time of purchasing the annuity through Pacific Life Insurance Company.
- **SRP benefit amounts will ultimately be determined based on the provisions of the SRP and are subject to verification by the District of all relevant assumptions.**
- Participants shall not be eligible for any other District sponsored retirement incentive programs.
- Participants shall be prohibited from working for the District in a full-time capacity (Tenure Track, Permanent, Limited, SFP, Categorical, etc.). However, participating employees may work as Adjuncts (part-time) and Substitutes.

# PAYMENT OPTIONS

Employees shall elect from the following benefit payment options:

- **Lifetime (Option 1)**: a monthly cash payment for your lifetime only.
- **Joint & 100% Survivor (Option 2)**: a modified monthly cash payment for your lifetime and the lifetime of your one named beneficiary.
- **Life or 10 Year (Option 3)**: a modified monthly cash payment for the greater of your 10 years or your lifetime.
- **Lump Sum Payments (Option 5A)**: five (5) equal annual payments on August 1 of 2017, 2018, 2019, 2020 and 2021.
- **Fixed Payments (Options 6-15)**: higher monthly payments guaranteed to pay out for a fixed number of years.

(Options 5A and 6-9 are eligible for direct rollover into a traditional IRA or to an eligible employer retirement plan that accepts the rollover.)

# WHO IS PACIFIC LIFE INSURANCE COMPANY?

- Founded in 1868, Pacific Life Insurance Company provides life insurance products, individual annuities, and mutual funds, and offers a variety of investment products and services to individuals, businesses and pension plans
  - PARS does not receive any compensation from Pacific Life Insurance Company
- As of December 31, 2015, \$137 billion in Company Assets
- Highly Rated: AM Best: A+ (superior), Standard & Poor: AA- (Very strong), Fitch: A+ (strong), which puts them among some of the most highly rated insurance companies in the U.S.
- All annuity contracts are fully guaranteed by Pacific Life and its General Investment Account Portfolio
- Visit them for more information and current ratings at [www.pacificlife.com](http://www.pacificlife.com)





# Los Angeles Community College District

## **PARS** Supplementary Retirement Plan (SRP) Enrollment Packet

Sample Employee  
Los Angeles CCD  
Street Address  
City, State & Zip

# Los Angeles Community College District Supplementary Retirement Plan (SRP) Full-time Academic Faculty



## INTRODUCTION (Page 1)

To: Eligible Full-time Academic Faculty

The Los Angeles Community College District ("District") is offering a retirement incentive plan for eligible Full-time Academic Faculty for the 2016-2017 Academic Year. Based on information provided to Public Agency Retirement Services ("PARS") by the District, you may be eligible to participate in the District's Supplementary Retirement Plan ("SRP"). The District will provide this benefit, which you will receive in addition to and separately from your CalSTRS/CalPERS retirement allowance. The District is implementing the SRP through PARS. Details of the SRP are contained in the attached materials.

The attached Benefit Illustration (page 2) was prepared specifically for you. Please review the Benefit Illustration and accompanying enrollment materials carefully to ensure that you understand your rights and responsibilities should you choose to participate in the SRP.

If you are interested in participating in the SRP, review the "Assumptions Table" on the Benefit Illustration. To change any inaccurate assumptions, submit a Correction Form (page 4) to PARS in the enclosed return envelope, via fax at (877) 734-6220 or via email at [plansupport@pars.org](mailto:plansupport@pars.org) for a revised Benefit Illustration.

To enroll in the SRP and receive benefits as shown on the attached Benefit Illustration, you must meet all the Eligibility and Participation Requirements outlined in the Plan Summary (page 3). SRP eligibility and SRP benefit amounts will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.

### The SRP Enrollment Deadline is April 28, 2017.

All required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form must be submitted to the PARS office between April 10, 2017 and April 28, 2017. Any SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form received in the PARS office prior to April 10, 2017 will be returned to the submitting employee.

Identical group orientation meetings have been scheduled at each college campus and at the Educational Services Center. Please refer to the enclosed orientation flyer for the dates, times and locations of the meetings. The meetings are designed to answer questions about the SRP. If you are interested in participating in the SRP, please attend one of the meetings. Spouses, domestic partners and your financial advisors are welcome.

If you have questions about the SRP, please contact the PARS Plan Support Department at (800) 731-7884 or via email at [plansupport@pars.org](mailto:plansupport@pars.org).

Sincerely,  
Plan Support Department  
PARS, Public Agency Retirement Services



## BENEFIT ILLUSTRATION

Prepared for: Sample Employee  
Prepared on: February 9, 2017

Faculty

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### Los Angeles Community College District Supplementary Retirement Plan ("SRP")

Supplementary Retirement Plan ("SRP") Benefit :  
75% of Final Annual Base Pay

#### Projected PARS Benefit Payout Options

##### Option 1 (Lifetime)

\$290.13

A monthly cash income paid for your lifetime only. Option 1 does not pay out to a beneficiary.

##### Option 2 (Joint & Survivor)

\$245.88

Option 2 is a modified monthly cash income paid for your lifetime and the lifetime of your one named beneficiary.

##### Option 3 (Life or 10 Years)

\$285.11

Option 3 is a modified monthly cash income paid for the greater of 10 years or your lifetime. In the event of death within 10 years of your retirement, monthly payments will continue to your beneficiary or estate until a total of 120 payments have been made.

**Note: There is Not an Option 4 in the SRP.**

##### Option 5A (5 Lump Sum Payments)\* \$12,877.50

Option 5A will pay five (5) annual payments on August 1 of 2017, 2018, 2019, 2020 and 2021. In the event of death, all remaining payments will be paid to your beneficiary or estate.

\*Option 5A is eligible for direct rollover into an IRA or to an eligible plan that accepts the rollover.

##### Options 6 to 15 (Fixed Payments)

Options 6-15 provide a benefit guaranteed for a fixed number of years as shown below. Benefits are paid out each month to the participant until the final payment is made. In the event of death, all remaining payments will be paid to your beneficiary or estate. \*Options 6-9 are eligible for direct rollover into an IRA or to an eligible plan that accepts the rollover.

Option #	Years of Payment	Monthly Benefit
6*	6	\$902.58
7*	7	\$784.11
8*	8	\$696.03
9*	9	\$627.91
10	10	\$573.82
11	11	\$529.78
12	12	\$492.95
13	13	\$461.79
14	14	\$435.13
15	15	\$411.95

#### SRP Benefit Assumptions

The Supplementary Retirement Plan ("SRP") benefits are illustrated according to the assumptions listed below. To enroll in the SRP and receive benefits as shown on this Benefit Illustration, you must meet all the Eligibility and Participation Requirements outlined in the Plan Summary (page 3). SRP Eligibility and SRP benefit amounts will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions (including those listed on this Benefit Illustration). If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.

To participate in the SRP, you must review and correct any assumptions that are inaccurate using the enclosed Correction Form (page 4).

#### PARS Assumptions Table

Participant Birthdate	05/05/55
Resignation Date	06/30/17
Participant Age at Resignation	62.15
2016-17 Final Annual Base Pay	\$85,850.00
- Final Annual Base Pay shall be defined as the employee's final annual base salary (inclusive of career increment/longevity) for the 2016-2017 Fiscal Year. For the complete Final Annual Base Pay definition, please see the Plan Summary (page 3).	
Beneficiary Birthdate	05/05/55
- A beneficiary birthdate assumption was created for this Benefit Illustration based on your own date of birth. Beneficiary birthdate only affects the amount of Option 2. To correct this assumption, please submit a Correction Form (page 4).	
Beneficiary Age at Resignation	62.15

#### Your SRP Benefit

The SRP benefit supplements your primary retirement system allowance. If you participate in the SRP, your choice of benefit option and beneficiary for Option 2 is final upon the close of the enrollment window and cannot be changed thereafter.

The projected benefit amounts illustrated for all options are based on annuity rates at the time this illustration was printed. The final amount of your benefit will be determined prior to your first distribution based on the most current annuity rates at the time of purchasing the annuity.

#### For More Information

Please contact the Plan Support at (800) 731-7884 or plansupport@pars.org

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Neither the Los Angeles Community College District nor PARS offers tax, accounting, or legal advice. Employees should consult with their own tax, accounting, or legal advisors regarding tax, accounting or legal matters and the consequences of their resignation and/or retirement.



# Los Angeles Community College District

## Supplementary Retirement Plan (SRP) Full-time Academic Faculty



### PLAN SUMMARY (page 3 - side A)

#### TYPE OF PLAN

The Supplementary Retirement Plan ("SRP") is a retirement incentive plan. The District has agreed to pay all costs necessary to provide a benefit. Sufficient plan participation to meet the District's fiscal and operational objectives must be met by the April 28, 2017 enrollment deadline in order for the SRP to go into effect. After the enrollment deadline, resignations of participants are irrevocable and may not be rescinded unless the District withdraws the SRP. If a level of participation acceptable to the District has not been reached as of the enrollment deadline, the District may withdraw the SRP and will notify enrolled employees of the withdrawal on or before May 26, 2017. If the District withdraws the SRP, resignations may be rescinded.

#### BENEFIT DESCRIPTION

- The District shall make non-elective employer contributions into the participant's 403(b) annuity contract held at Pacific Life Insurance Company ("Pacific Life"). The sum of the contributions shall equal **75% of Final Annual Base Pay** and may be contributed over a period of time as determined by the District.
- Final Annual Base Pay shall be defined as the employee's final annual base salary (inclusive of career increment/longevity) for the 2016-2017 Fiscal Year.
  - Final Annual Base Pay does not include differentials, stipends, and extra and hourly assignments, as applicable.
  - For those participating in the Reduced Workload Program, Final Annual Base Pay shall be defined as the final annual base salary (inclusive of career increment/longevity) for the 2016-2017 Fiscal Year as if the participating employee was working 1.0 FTE.
  - For those on a temporary leave of absence (of any kind), Final Annual Base Pay shall be defined as the final annual base salary (inclusive of career increment/longevity) for the 2016-2017 Fiscal Year as if the participating employee had worked in the same classification in regular status for the entire 2016-2017 Fiscal Year.
- Employees shall elect from the following benefit payment options that are calculated based on current annuity rates obtained through Pacific Life at the time of purchasing the annuity:
  - **Lifetime Only Option (Option 1):** a monthly payment for your lifetime only.
  - **Joint-and-Survivor Option (Option 2):** a modified monthly lifetime payment. Upon your death, the payment continues at the same level for the lifetime of your one named beneficiary. Upon your beneficiary's death, the payment ends. If your beneficiary is a non-spouse more than ten (10) years younger than you, the monthly benefit payable to your beneficiary may be further reduced based on the age of your beneficiary.
  - **Life or Ten-Year Option (Option 3):** a modified monthly payment paid for the greater of ten (10) years or your lifetime. In the event of your death within the first ten (10) years of receipt of your SRP benefits, monthly payments will continue to be paid to your beneficiary or estate at the same level until a total of 120 payments have been received. If you live beyond the first ten (10) years of receipt of your SRP benefits, the benefit will end at the time of your death.
  - **Lump Sum Payments (Option 5A):** five (5) equal annual payments on August 1 of 2017, 2018, 2019, 2020 and 2021. In the event of your death, all remaining payments will be paid to your beneficiary or estate.
  - **Fixed Payment Options: (Options 6-15):** a higher monthly payment, but for a fixed period of time, ranging from 6 to 15 years. Upon your death, if you have not received all of the payments due, payments will continue to your beneficiary or estate until the total number of payments have been received.
  - Options 5A and 6-9 may be rolled over into an IRA or to an eligible employer plan that accepts the rollover.

# Los Angeles Community College District

## Supplementary Retirement Plan (SRP) Full-time Academic Faculty



### PLAN SUMMARY (page 3 - side B)

#### BENEFIT DESCRIPTION (continued)

- Participants shall not have a cash option to the employer 403(b) contributions.
- All contributions into the participant's 403(b) account must be made in accordance with the applicable IRS rules and regulations.
- Choice of SRP benefit option and designation of beneficiary for Option 2 will become final as of the April 28, 2017 enrollment deadline and cannot be changed thereafter.
- Resignation from District employment and participation in the SRP is irrevocable and cannot be rescinded after April 28, 2017 unless the District withdraws the SRP.

#### BENEFIT PAYMENT

- SRP benefits are due to commence August 1, 2017 provided that you meet the SRP Eligibility Requirements and have submitted all required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the PARS office between April 10, 2017 and April 28, 2017. Any SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form received in the PARS office prior to April 10, 2017 will be returned to the submitting employee.
- The projected SRP benefit amounts illustrated on the Benefit Illustration are based on annuity rates at the time the illustration was printed. The final amount of the benefit option you select will be determined prior to your first distribution based on the most current annuity rates at the time of purchasing the annuity.
- **SRP benefit amounts will ultimately be determined based on the provisions of the SRP and are subject to verification by the District of all relevant assumptions.**
- Participants shall not be eligible for any other District sponsored retirement incentive programs.
- Participants shall be prohibited from working for the District in a full-time capacity (Tenure Track, Permanent, Limited, SFP, Categorical, etc.). However, participating employees may work as Adjuncts (part-time) and Substitutes.

#### ELIGIBILITY REQUIREMENTS

1. Full-time Academic Faculty who are employed by the Los Angeles Community College District as of January 11, 2017;
2. Have completed at least five (5) full years of District service as of June 30, 2017;
  - Full year of service is defined by 1.0 FTE and fulfillment of their contractual obligation for the 2016-2017 Academic Year.
3. Are 1.0 FTE;
4. Are eligible to retire under CalSTRS (age 55 with five (5) years of CalSTRS service credit or age 50 with thirty (30) years of CalSTRS service credit) or CalPERS (age 50 with five (5) years of CalPERS service credit) as of June 30, 2017;
5. Complete the 2016-2017 Academic Year;
6. Submit all required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the office of PARS between April 10, 2017 and April 28, 2017; and
7. Have Resigned from District employment effective no later than June 30, 2017.

**SRP eligibility will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.**

# Los Angeles Community College District

## Supplementary Retirement Plan (SRP) Full-time Academic Faculty



### ENROLLMENT PACKET

#### SRP ENROLLMENT INSTRUCTIONS

- To enroll in the Supplementary Retirement Plan ("SRP"), please complete and submit all the required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the PARS office between April 10, 2017 and April 28, 2017. Any SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form received in the PARS office prior to April 10, 2017 will be returned to the submitting employee.
- Forms must be received **in the PARS office by 5:00 p.m.** on April 28, 2017 (**not postmarked**).
- You will receive a call from PARS confirming the receipt of your SRP enrollment materials.
- **This packet is for the SRP only. If retiring under CalSTRS or CalPERS, you must submit a separate application to CalSTRS/CalPERS before your CalSTRS/CalPERS retirement date. Contact CalSTRS/CalPERS to confirm the deadline for submission of your CalSTRS/CalPERS retirement application.**
- **SRP eligibility will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.**

#### SRP ENROLLMENT MATERIALS CHECKLIST

- Correction Form (page 4 - if necessary)
- Enrollment Form (page 5 - required)
- Beneficiary Form (page 6 - required)
- Tax Withholding Form (page 7 - required)
- Direct Deposit/Rollover Form (page 8 - optional)
- Employee Proof of Age (required)  
(A legible photocopy of a Driver's License, Passport or State ID card)
- Beneficiary Proof of Age (required for Option 2 only)  
(A legible photocopy of a Driver's License, Passport or State ID card)
- District Resignation Form (HR-P-310) (required)  
(Please read the instructions before completing the form.)
- Resignation Rescission/Confirmation Form (page 9 - required)
- Acknowledgement Form (required)

#### FOR FURTHER INFORMATION

Please contact the PARS Plan Support Department with any questions at  
(800) 731-7884 or via email at [plansupport@pars.org](mailto:plansupport@pars.org).

PARS • 4350 Von Karman Avenue, Suite 100, Newport Beach, CA 92660  
(800) 731-7884 • (877) 734-6220 fax • [plansupport@pars.org](mailto:plansupport@pars.org)

**Los Angeles Community College District**  
**Supplementary Retirement Plan (SRP)** Full-time Academic Faculty  
**CORRECTION FORM (page 4 - if necessary)**



**SECTION 1: General Information**

- **ONLY complete and return this form to PARS if:**
  - Any assumptions listed on your Benefit Illustration (page 2) are incorrect.
  - You are interested in Option 2 (Joint-and-Survivor Option) and want a more accurate estimate.
- For Final Annual Base Pay corrections, PARS will ask the District to confirm if any adjustments need to be made.
- If corrections are made that change any of the dollar amounts on your Benefit Illustration, PARS will email or mail (via U.S. Postal Service) you a revised copy.

**SECTION 2: Personal Information**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**SECTION 3: Correction of Assumptions** (Does anything need to be corrected on your Benefit Illustration?)

Employee Name Correction: \_\_\_\_\_

Employee Date of Birth Correction: \_\_\_\_\_

Final Annual Base Pay Correction (as defined on your Benefit Illustration): \_\_\_\_\_

If you are interested in Option 2 (Joint-and-Survivor Option):  
(Does NOT apply to any other Benefit Option.)

Beneficiary Date of Birth Correction: \_\_\_\_\_  Spouse  Non-Spouse

**SECTION 4: Contact Information**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**SECTION 5: Acknowledgement**

I have reviewed the relevant assumptions on my Benefit Illustration (page 2) and have corrected the items that are inaccurate.

I understand that Supplementary Retirement Plan ("SRP") Eligibility and SRP benefit amounts will ultimately be determined based on the provisions of the SRP and are subject to verification by the District of all relevant assumptions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Los Angeles Community College District**  
**Supplementary Retirement Plan (SRP)** Full-time Academic Faculty  
**ENROLLMENT FORM (page 5 - required)**



**SECTION 1: Personal Information**

Participant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: Work: (     ) \_\_\_\_\_ Home: (     ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
District Location (College Campus/ESC): \_\_\_\_\_

**SECTION 2: SRP Benefit Option Selection**

From the options listed on your Benefit Illustration, please indicate your SRP Benefit Option below:

**SRP BENEFIT OPTION #:** \_\_\_\_\_

(Your choice of SRP Benefit Option cannot be changed after the enrollment deadline, April 28, 2017.)

**SECTION 3: SRP Enrollment Statement**

I am a Full-time Academic Faculty employee who is employed by the Los Angeles Community College District as of January 11, 2017. I will have completed at least five (5) full years of District service as of June 30, 2017. I understand that a full year of service is defined by 1.0 FTE and fulfillment of their contractual obligation for the 2016-2017 Academic Year. I am 1.0 FTE. I will be eligible to retire under CalSTRS (age 55 with five (5) years of CalSTRS service credit or age 50 with thirty (30) years of CalSTRS service credit) or CalPERS (age 50 with five (5) years of CalPERS service credit) as of June 30, 2017. I will complete the 2016-2017 Academic Year. I will submit all required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the PARS office between April 10, 2017 and April 28, 2017. I will resign from District employment effective no later than June 30, 2017. I hereby apply for the benefits for which I qualify for under the Los Angeles Community College District Supplementary Retirement Plan ("SRP"). I understand that my SRP eligibility will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.

To enroll in the SRP, I must submit an Enrollment Form, Beneficiary Form, Tax Withholding Form, Proof(s) of Age, District Resignation Form (HR-P-310), Resignation Rescission/Confirmation Form, and Acknowledgement Form to the PARS office between April 10, 2017 and April 28, 2017. If I submit my SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the PARS office prior to April 10, 2017, I understand it will be returned to me.

My Resignation from District employment and participation in the SRP is irrevocable and cannot be rescinded after the April 28, 2017 enrollment deadline unless the District withdraws the SRP.

I understand that the projected SRP benefit amounts illustrated on my Benefit Illustration for all options are based on annuity rates at the time the illustration was printed. The final amount of the benefit option I select will be determined prior to my first distribution based on the most current annuity rates at the time of purchasing the annuity.

I understand that the SRP benefit amounts will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If I elect Option 3, Option 5A or one of the Options 6-15 and I die before I have received the number of payments due, the payments will continue to the beneficiary I designate or to my estate until that total number of payments has been received. My choice of SRP benefit option and beneficiary for Option 2 is final as of April 28, 2017 and cannot be changed thereafter.

Neither Los Angeles Community College District nor PARS offers tax, accounting, or legal advice. I will consult my own tax, accounting or legal advisors for information on the consequences of my resignation and/or retirement. I will consult CalSTRS/CalPERS for official calculations of my CalSTRS/CalPERS retirement allowance.

I have reviewed the entire contents of this SRP enrollment packet. **I agree to the assumptions used to calculate my SRP benefit.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Los Angeles Community College District**  
**Supplementary Retirement Plan (SRP)** Full-time Academic Faculty  
**BENEFICIARY FORM (page 6 - required)**



**SECTION 1: Participant Information**

**Participant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
 Marital Status:  Single  Married  Widowed  Other \_\_\_\_\_

**SECTION 2: Complete ONLY if Electing Option 1 (Lifetime)**

I have elected Option 1, the unmodified lifetime payment. I understand this option does not pay out to a beneficiary.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 3: Complete ONLY if Selecting Option 2, Option 3, Option 5A or one of the Options 6-15**

**Rules for Designating of Beneficiary**

1. The Supplementary Retirement Plan ("SRP") requires that if you are married or have a registered domestic partner ("RDP"), your surviving spouse/RDP will be your sole primary beneficiary, unless your spouse/RDP waives this right.
2. If you wish to designate a person other than your spouse/RDP as your sole primary beneficiary, you must obtain notarized consent from your spouse/RDP in the shaded area below. Failure to obtain your spouse/RDP's consent in this instance will render this designation invalid. Any consent by a spouse/RDP applies only to that spouse and not to any future spouse/RDP.
3. You are considered married if you are under decree of separate maintenance or decree of legal separation.
4. If the location of your spouse/RDP is unknown, you must contact PARS for an additional Affidavit to complete.
5. You may not change your beneficiary designation for the Joint-and-Survivor Option (Option 2) after the enrollment deadline.

**Beneficiary: percentage = \_\_\_\_\_ %**  **Primary**  **Secondary**  
**Beneficiary Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Beneficiary: percentage = \_\_\_\_\_ %**  **Primary**  **Secondary**  
**Beneficiary Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

(To designate additional beneficiaries, attach a separate sheet providing the same information requested above)

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spousal / Registered Domestic Partner Consent**

Complete ONLY if your spouse or Registered Domestic Partner will NOT be your 100% primary beneficiary.

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant of the SRP. I understand that in consenting to the designation of anyone except myself as beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

**\*\* Signature must be witnessed by a Notary Public\*\***

**Spouse/Registered Domestic Partner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Written Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Notary Public, State: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

Notary Stamp: \_\_\_\_\_

# Los Angeles Community College District Supplementary Retirement Plan (SRP) Full-time Academic Faculty



## TAX WITHHOLDING FORM (page 7 - required)

### SECTION 1: General Information

1. Complete Section 2 ONLY if you have selected one of the Options 1, 2, 3 or 10-15.
2. Complete Section 3 ONLY if you have selected Option 5A or one of the Options 6-9.

### SECTION 2: To Determine Tax Withholding On Options 1, 2, 3 or 10 – 15

- If you elect not to have federal or state income tax withheld, you are liable for payment on the taxable portion of your benefits. You may also be subject to a tax penalty under the "estimated tax" payment rules if your withholding, plus any estimated tax payments, are not at an adequate level.

#### Part A: Federal Income Tax Withholding

- Do NOT withhold federal income tax.
- Withhold federal income tax in the amount of \$\_\_\_\_\_ monthly.  
(Enter an amount, NOT a percentage or number of exemptions.)

#### Part B: State Income Tax Withholding

- Do NOT withhold state income tax.
- Withhold state income tax in the amount of \$\_\_\_\_\_ monthly.  
(Enter an amount, NOT a percentage or number of exemptions.)

I am not a resident of California. I have established residency in: \_\_\_\_\_

### SECTION 3: To Determine Tax Withholding On Option 5A and Options 6 – 9

- If you select Option 5A or one of the Options 6-9, a mandatory 20% federal income tax withholding and any mandatory or voluntary state income tax withholding (as determined by your state of residency) will be deducted from your monthly benefit unless you elect a direct rollover to an IRA or to an eligible employer plan that accepts the rollover. Withholding requirements for distributions from qualified plans vary by state. The income tax withholding requirement of your state of residency will dictate if different than your selection below.

#### Part A: Federal Income Tax Withholding

- Withhold ONLY the mandatory 20% federal income tax.
- IN ADDITION TO the mandatory 20% federal income tax withholding, withhold \$\_\_\_\_\_ monthly/per payment.  
(Enter an amount, NOT a percentage or number of exemptions.)
- I elect a direct rollover to an IRA or other eligible retirement plan; therefore I do not want federal taxes withheld from my monthly benefit payments.\*

#### Part B: State Income Tax Withholding

- Do NOT withhold state income tax.
- Withhold state income tax in the amount of \$\_\_\_\_\_ monthly/per payment.  
(Enter an amount, NOT a percentage or number of exemptions.)
- I elect a direct rollover to an IRA or other eligible retirement plan; therefore I do not want state taxes withheld from my monthly benefit payments.\*

\*For CA residents only: If you do not submit a Direct Deposit/Rollover Form providing PARS with your rollover account information, your benefit payments will be mailed to your home less the mandatory 20% federal and 2% California state income tax withholding.

I am not a resident of California. I have established residency in: \_\_\_\_\_

### SECTION 4: Authorization

I certify that I have received, read and understand the Special Tax Notice Regarding Plan Payments on the taxation of distributions from qualified pension plans.

**Participant Name (print):** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Nether LACCD nor PARS provide tax, accounting or legal advice. Please contact your tax consultant, accountant or attorney.

PARS • 4350 Von Karman Avenue, Suite 100, Newport Beach, CA 92660  
(800) 731-7884 • (877) 734-6220 fax • [plansupport@pars.org](mailto:plansupport@pars.org)

# Los Angeles Community College District Supplementary Retirement Plan (SRP) Full-time Academic Faculty



## DIRECT DEPOSIT/ROLLOVER FORM (page 8 - optional)

### SECTION 1: General Information

- Complete this form to have your benefit payments deposited to an account in a bank, credit union or financial institution.
- This form is NOT required to be submitted by the enrollment window deadline date; however, it must be received in the PARS office 45 days prior to the first benefit payment. If this completed form is not received by PARS, your benefit payment(s) will be mailed to your home address (less any withholdings as directed on page 7 or less the mandatory 20% federal tax withholding and 2% California state tax withholding for Option 5A or one of the Options 6-9 if electing a direct rollover and residing in California).
- If electing to have your benefit payments deposited into a checking or savings account, the payments are made via EFT (Electronic Funds Transfer) around the first business day of every month.
- If electing a direct rollover, your benefit payments will be physically mailed to the financial institution at the address you provide below. Please allow extra time for mailing and processing of your monthly rollover payments.
- You will NOT receive monthly statements from PARS; contact your financial institution to confirm that deposits are credited to your account.

### SECTION 2: Personal Information

Participant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Account Co-Tenant Name (if account is jointly held): \_\_\_\_\_

### SECTION 3: To Elect a Direct Deposit into a Checking or Savings Account

Financial Institution Name: \_\_\_\_\_

Transit Routing/ABA Number: \_\_\_\_\_

CHECKING: Account Number: \_\_\_\_\_

SAVINGS: Account Number: \_\_\_\_\_

### SECTION 4: To Elect a Direct Rollover (only available for Option 5A and Options 6-9)

Financial Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Note: Rollover payments will be mailed to your financial institution. Please contact them to verify the best address to use.

DIRECT ROLLOVER: Account Number: \_\_\_\_\_

Type of Rollover:  IRA  Roth IRA  403(b)  457  Other: \_\_\_\_\_

### SECTION 5: Authorization

The undersigned participant (Participant) hereby authorizes and directs the Plan Insurer or Trustee to transfer funds for benefit payments to which the Participant may be entitled under the terms of the Supplementary Retirement Plan (the "Plan") as they become due and payable, in accordance with the written direction of the Plan Administrator, and will directly deposit said funds by electronic transfer or check to the account maintained by the Participant at the "Financial Institution" identified above. Said funds shall be in full payment, satisfaction and discharge of amounts due the Participant under the Plan. The Participant authorizes and directs the Financial Institution to refund any payments to the Plan Insurer or Trustee to which the Participant or the Participant's successors or estate, would not have been entitled under the Plan as a result of the Participant's death or otherwise, and the same to the Participant's Account designated above. Both Participant and any co-tenant on the Participant Account agree on behalf of themselves, their heirs, executors, successors, and any trustee of his or her trust (if any) to reimburse the Plan Insurer or Trustee for such payments. This authorization is to remain in full force and effect until the Plan Insurer or Trustee has received written notice from the Participant of its termination. Direct Deposit shall be effective for all payments made by the Plan Insurer or Trustee on behalf of the Participant as soon as administratively possible upon receipt of this authorization.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Account Co-Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

PARS \* 4350 Von Karman Avenue, Suite 100, Newport Beach, CA 92660  
(800) 731-7884 \* (877) 734-6220 fax \* [plansupport@pars.org](mailto:plansupport@pars.org)





INSTRUCTIONS

- Read the statements below then turn this page over to complete the District Resignation Form (HR-P-310).
- The employee should only sign the HR-P-310 resignation form and not submit it to their supervisor or College for signature prior to submitting their package to PARS.
- Human Resources will forward all the resignation forms to the campus/ESC departments after the packets have been processed by PARS, if the SRP is approved by the Board.
- If the SRP is not approved by the Board, Human Resources will forward the resignation forms to the campuses/ESC departments for employees who have stated that they plan to resign even if the SRP is not approved.

I have reviewed and understand the instructions listed above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

**PLEASE TURN PAGE OVER TO COMPLETE THE  
DISTRICT RESIGNATION FORM (HR-P-310).**



LOS ANGELES COMMUNITY COLLEGES  
 HUMAN RESOURCES  
 770 WILSHIRE BOULEVARD  
 LOS ANGELES, CA 90017

ACADEMIC / CLASSIFIED SERVICE  
 RESIGNATION

This form is to be filled out by permanent Academic and Classified employees and retiring Adjunct Faculty resigning from the Los Angeles Community College District. Employees resigning because of retirement must also follow the procedures listed in Item 2C below.

Please print or type and ensure all information is provided as omissions can delay processing.

1. PERSONAL INFORMATION

\_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Employee Number

\_\_\_\_\_  
 Street Address (Use home address, not a District location or PO Box.)                      Number

\_\_\_\_\_  
 City                      State                      Zip Code                      College / DO

( ) - ( ) - ( ) -

\_\_\_\_\_  
 Daytime Phone                      Ext.                      Evening Phone                      Cell Phone                      Email

2. RESIGNATION STATEMENT AND CERTIFICATION

A. I hereby resign from all positions or assignments held by me as an employee of the Los Angeles Community College District. I understand that reinstatement within 39 months is a privilege and not a right and that denial cannot be appealed.

B. This resignation is to be effective at the end of the day on: \_\_\_\_\_  
 Date

C. Give specific reason for resignation:  Retirement  Other: (Identify): \_\_\_\_\_

- **Resignation due to retirement:** Your retirement date is the day after the resignation date. Completion of this form does not constitute an application for a retirement allowance. It is the employee's responsibility to obtain the necessary retirement application documents and to file them with the proper retirement system. For information contact:

**Academic Employees**  
 Membership Services Division  
 State Teachers Retirement System (STRS)  
 Phone: (800) 228-5453 [www.calstrs.com](http://www.calstrs.com)

**Classified Employees**  
 Benefits Division  
 Public Employees Retirement System (PERS)  
 Phone: (888) 225-7377 [www.caipers.ca.gov](http://www.caipers.ca.gov)

D. Indicate which, if any, current temporary assignment(s) you wish to continue after retirement/resignation.  
 None  
 Academic Service: Adjunct position  
 Unclassified Service: Identify position: \_\_\_\_\_

E. **Classified Service:** For information on temporary work and/or eligibility lists options that may be available, contact the Personnel Commission directly.

F. I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____ Employee Signature	_____ Date
_____ Department Head / Supervisor	_____ Date
_____ President or Designee	_____ Date
_____ Human Resources Official, District Office	_____ Date

3. ACKNOWLEDGEMENT:

Received: \_\_\_\_\_  
 Date

By: \_\_\_\_\_  
 Signature

**INSTRUCTIONS**

- Make a copy of this form for your personal records.
- Give the original form to your supervisor. Each location's management must acknowledge each resignation and then forward the original form to your college / DO Personnel Office for processing.
- Notify Human Resources, District Office, of your intent. Fax a copy to: (213) 891-2411

**Los Angeles Community College District**  
**Supplementary Retirement Plan (SRP)** Full-time Academic Faculty



**RESIGNATION RESCISSION/CONFIRMATION FORM (page 9 - required)**

**SECTION 1: Personal Information**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

**SECTION 2: Resignation Rescission/Confirmation**

I am resigning from the Los Angeles Community College District and have completed the District Resignation Form (HR-P-310). My resignation will become effective after completion of the 2016-2017 Academic Year on or before June 30, 2017.

I have met the eligibility requirements and will meet the participation requirements established by the Los Angeles Community College District ("District") for participation in the Supplementary Retirement Plan ("SRP"). I will submit this Resignation Rescission/Confirmation Form, the District Resignation Form (HR-P-310), Acknowledgement Form, and all other required SRP enrollment materials to be received in the PARS office between April 10, 2017 and April 28, 2017.

I understand that sufficient participation to meet the District's fiscal and operational objectives must be met by the April 28, 2017 enrollment deadline in order for the SRP to go into effect. After the deadline, participants' resignations are irrevocable and may not be rescinded unless the District withdraws the SRP. If the District has not reached an acceptable level of participation by the enrollment deadline, the District may withdraw the incentive, and will notify those enrolled participants on or before May 26, 2017. If the District withdraws the SRP, resignations may be rescinded.

**I understand that my resignation from District employment and participation in the SRP is irrevocable as of the enrollment deadline.**

**If the District withdraws the SRP, please take the following action regarding District Resignation Form (HR-P-310):**

- RESCIND**  
Please automatically rescind my resignation that I submitted via District Resignation Form (HR-P-310). I would like to continue working for the District because the District has cancelled the SRP.
- CONFIRM**  
Please do not rescind my resignation that I submitted via District Resignation Form (HR-P-310). I am confirming that I would still like to resign from District employment even though the District has cancelled the SRP.

I have reviewed and understand the provisions of the SRP.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## LACCD Supplementary Retirement Plan (SRP) Acknowledgement Form

I, \_\_\_\_\_ (print Name), voluntarily elect to participate in the District's 2017 Supplementary Retirement Plan (SRP) offering, and I hereby acknowledge the following:

\_\_\_\_\_(initials): IRREVOCABLE ELECTION: The election to participate in the District's 2017 SRP and submittal of employee resignation form HR-P-310 is Irrevocable by the employee subject to the terms and conditions of the plan (Your election to participate is subject to revocation by the employee if the District in its sole discretion determines the level of participation is unacceptable as of the enrollment deadline and/or the District withdraws the Supplementary Retirement Plan).

\_\_\_\_\_(initials): WAIVER OF FUTURE EMPLOYMENT: A participating employee shall not return to the District in a full time capacity. I understand and accept that my election to participate in the SRP, and participation in the SRP, I hereby waive any and all future employment rights or opportunities with the District except for future part-time Adjunct Faculty or substitute opportunities with minimal class load subject to the CalPERS/CalSTRS regulations, in accordance with the terms and conditions of the plan.

\_\_\_\_\_(initials): WORKING DURING RETIREMENT: The employee is encouraged to contact and follow-up with CalSTRS or CalPERS regarding any impact to retirement warrants should the employee desire to continue working during their retirement from CalSTRS or CalPERS system.

\_\_\_\_\_(initials): RESIGNATION/RETIREMENT IMPACT ON RETIREE MEDICAL/DENTAL/VISION BENEFITS: I understand that a resignation from the District without retirement from CalSTRS or CalPERS Retirement System will have a negative effect on any retiree medical/dental/vision benefits that I may have accrued through my employment with the District, consistent with the Master Benefits Agreement and Board Rules governing Retiree medical/dental/vision.

\_\_\_\_\_(initials): RETIREMENT BENEFIT VESTING: Participation in the SRP and retirement from CalSTRS and/or CalPERS may impact health/dental/vision benefit retirement rights as outlined in the MBA and Board Rules, due to CalSTRS and/or CalPERS retirement system vesting requirements.

\_\_\_\_\_  
(Date) (Print Name)

\_\_\_\_\_  
(Participating Employee Signature)

\_\_\_\_\_  
(Employee ID#)

## IF YOU ARE INTERESTED IN THE PARS SRP

1. Submit to PARS a Correction Form (page 4) to correct any inaccurate assumptions for a revised Benefit Illustration (not a commitment to participate)
2. If retiring from CalSTRS/CalPERS, make a CalSTRS/CalPERS counseling appointment and obtain a CalSTRS/CalPERS Retirement Application
3. Request a Social Security Benefits Estimate
4. Consult your financial advisors

# TO ENROLL IN THE PLAN

Submit these materials to the PARS office:

- Correction Form** (page 4)
- Enrollment Form** (page 5)
- Beneficiary Form** (page 6)
- Tax Withholding Form** (page 7)
- Proof of Age** (required for all options)
- Proof of Beneficiary Age** (required for Option 2 only)
- District Resignation Form (HR-P-310)**
- Resignation Rescission/Confirmation Form** (page 9)
- Acknowledgement Form**

# ENROLLMENT DEADLINE

**April 28, 2017**  
**by 5:00pm**

All required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form must be submitted to the PARS office between April 10, 2017 and April 28, 2017.

Any SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form received in the PARS office prior to April 10, 2017 will be returned to the submitting employee.

# ENROLLMENT DEADLINE

- Sufficient plan participation to meet the District's fiscal and operational objectives must be met by the April 28, 2017 enrollment deadline in order for the plan to go into effect.
- After the enrollment deadline, resignations of participants are irrevocable and may not be rescinded unless the District withdraws the SRP.
- If a level of participation acceptable to the District has not been reached as of the enrollment deadline, the District may withdraw the SRP and will notify enrolled employees of the withdrawal on or before May 26, 2017. If the District withdraws the SRP, resignations may be rescinded.



# INDIVIDUAL EMPLOYEE MEETINGS

## TO BE ANNOUNCED

A flyer will be mailed to you which will list the dates, times and locations of these upcoming Individual Employee Meetings.

**(Meetings are first-come, first-served. No appointments.)**

# FIRST BENEFIT PAYMENT

## Academic Faculty

Your first payment will be mailed by:

**August 1, 2017\***

- \* Provided you meet the SRP Eligibility Requirements and have submitted all required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the PARS office between by April 28, 2017.
- \* SRP eligibility and SRP benefit amounts will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.

# FIRST BENEFIT PAYMENT

## Administrators, Supervisors, Classified, Confidential & Managers

Your first payment will be mailed by:

**August 1, 2017\***      or      **February 1, 2018\***

(for those who resign on June 30, 2017)

(for those who resign on December 29, 2017)

- \* Provided you meet the SRP Eligibility Requirements and have submitted all required SRP enrollment materials, District Resignation Form (HR-P-310), and Acknowledgement Form to the PARS office between by April 28, 2017.
- \* SRP eligibility and SRP benefit amounts will ultimately be determined based on the provisions of the SRP and will be verified by the District of all relevant assumptions. If it is determined that you do not meet any one of the eligibility requirements, you will be notified of the ineligibility.

## FOR ADDITIONAL INFORMATION

Contact the Plan Support Department at:

**(800) 731-7884**

**[plansupport@pars.org](mailto:plansupport@pars.org)**

**4350 Von Karman Ave, Suite 100,  
Newport Beach, CA 92660**