

How to Elect CalSTRS Membership Current SDCCD Adjunct Faculty

Question: I'm an adjunct faculty and currently enrolled in the FICA Alternative 401(a) Savings Plan. Am I able to enroll in CalSTRS now and how would I do that?

Answer: Yes, adjunct faculty can elect CalSTRS membership at any point in their career. Complete CalSTRS Permissive Membership (ES 0350) form and CalSTRS Recipient Designation (MS0002) form and submit to SDCCD Retirement Services at hrretirement@sdccd.edu. Note to all adjunct faculty electing CalSTRS membership: A permissive election of membership in the Defined Benefit Program is irrevocable. It is the responsibility of the faculty member to review the permissive membership election instructions. For specific questions, please contact Retirement Services for further assistance.

CalSTRS Permissive Membership Form:

<https://www.sdccd.edu/docs/HumanResources/benefits/HR%20Forms%20Page%20-%20Benefits/HR%20CalSTRS%20Permissive%20Membership.pdf>

- Complete Section 1: Employee Information** – Client ID and Social Security Number can be omitted.

Permissive Membership
ES 0350 REV 06/25

[For CalSTRS' Official Use Only]

CALSTRS[®]

California State Teachers' Retirement System
 P.O. Box 15275, MS 17
 Sacramento, CA 95851-0275
 800-228-5453
 CalSTRS.com

PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION

Clear Form

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

Section 1: Employee Information (to be completed by employee)

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID <input style="width: 90%; height: 20px;" type="text"/>	SOCIAL SECURITY NUMBER <input style="width: 90%; height: 20px;" type="text"/>
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LAST NAME

FIRST NAME MI

ADDRESS (number, street, apt or suite no.)

CITY <input style="width: 90%; height: 20px;" type="text"/>	STATE <input style="width: 80%; height: 20px;" type="text"/>	ZIP CODE <input style="width: 90%; height: 20px;" type="text"/>	DATE OF BIRTH (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
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EMAIL ADDRESS <input style="width: 95%; height: 20px;" type="text"/>	TELEPHONE <input style="width: 95%; height: 20px;" type="text"/>
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2. **Complete Section 2: Employee Election** – When electing your membership date, it must be no earlier than the 1st day of the month in the pay period that you are electing membership or any future date. Membership cannot be backdated.
- a. For example, if you are electing in the month of June 2026, the earliest membership date would be 06/01/2026 or a future date.

Section 2: Employee Election (to be completed by employee)**Check One:**

I elect membership in the CalSTRS Defined Benefit Program as of: **06/01/2026**
MEMBERSHIP DATE (MM/DD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

****Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.**

I decline membership in the CalSTRS Defined Benefit Program at this time
I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.

3. **Complete Section 3: Required Signature** – Sign and date the form. The form is not valid without the employee signature.
- a. Electronic signatures are acceptable.

Section 3: Required Signature (to be completed by employee)

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYEE SIGNATURE**DATE (MM/DD/YYYY)**

4. **Section 4: Employee Position Information and Section 5: Employer Information and Certification** will be completed by SDCCD Retirement Services.

Section 4: Employee Position Information (to be completed by employer)

POSITION TITLE	POSITION HIRE DATE
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Section 5: Employer Information and Certification (to be completed by employer)

Required Signature

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYER OFFICIAL'S SIGNATURE	DATE (MM/DD/YYYY)
EMPLOYER NAME	COUNTY AND DISTRICT CODE
EMPLOYER OFFICIAL'S NAME AND TITLE	

CalSTRS Recipient Designation: This form is to designate recipients to receive the one-time benefits that may be payable in the event of your death.

https://www.sdccd.edu/docs/HumanResources/benefits/forms/calstrs_beneficiary_form/HR%20CalSTRS%20Recipient%20Designation.pdf

5. Complete Section 1: Member/Participant Information

Section 1: Member/Participant Information (*indicates required information)

Provide either your Client ID or Social Security number. **Your form will be rejected if any required field is left blank.**

CLIENT ID*

DATE OF BIRTH*

LAST NAME*

FIRST NAME*

MI



RECIPIENT DESIGNATION • REV 03/26 • PAGE 1 of 9

CALSTRS

Client ID:

Or SSN:

Section 1: Member/Participant Information, continued

MAILING ADDRESS*

CITY*

STATE*

ZIP CODE*

EMAIL ADDRESS

HOME TELEPHONE

6. Complete Section 2: Primary Recipient

- a. Designate at least one primary recipient. Additional Primary recipients is allowable.

Section 2: Primary Recipient (*indicates required information)

Use this area to designate at least one primary recipient to receive a death benefit. Use Section 4 for additional beneficiaries, if needed. **Your form will be rejected if any required field is left blank.**

 Person

Select Relationship:

 Spouse Registered Domestic Partner Other:

Select Gender:

 Male Female Nonbinary Trust Estate Organization – Contact Name

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

SOCIAL SECURITY NUMBER/TIN/EIN*

DATE OF BIRTH/TRUST DATE (MMDD/YYYY)*

EMAIL ADDRESS

TELEPHONE

MAILING ADDRESS

CITY

STATE

ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PERCENTAGE (MUST EQUAL 100% FOR ALL PRIMARY BENEFICIARIES)*

7. Section 3: Additional Recipient or Recipients Primary or Secondary

a. If no additional recipients skip to Section 4.

Section 3: Additional Recipient or Recipients Primary or Secondary

Use this area to designate more recipients. If there are no additional recipients skip to Section 4.

 Person

Select Relationship:

 Spouse

 Registered Domestic Partner

 Other:
8. Complete Section 4: Required Signatures
Section 4: Required Signatures

 Check all that apply to your current and previous marital status. **Your form will be rejected if this section is left blank.**

- I am married or registered as a domestic partner and both our signatures are below.
- I am married or registered as a domestic partner and my spouse or registered domestic partner did not sign below. I have completed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- I have never been married or in a registered domestic partnership.
- I am widowed or my registered domestic partner has died.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was **not** awarded a portion of my CalSTRS benefits.

Required Signatures

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

MEMBER SIGNATURE	DATE (MM/DD/YYYY)
CURRENT SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE	DATE (MM/DD/YYYY)
SPOUSE'S OR PARTNER'S PRINTED NAME (LAST, FIRST, INITIAL)	DATE (MM/DD/YYYY)
SPOUSE'S OR PARTNER'S SOCIAL SECURITY NUMBER	SPOUSE'S/PARTNER'S DATE OF BIRTH

9. Submit both CalSTRS Permissive Membership Form and CalSTRS Recipient Designation to SDCCD Retirement Services.



San Diego Community College District
3375 Camino del Rio South, San Diego, CA 92108

People, Culture, and Technology Services [Human Resources] | Retirement Reporting | Phone: 619-388-6685

10. Retirement Services will appoint you in the CalSTRS System accordingly and confirm membership.
11. Retirement Services will terminate 401(a) savings deductions and will activate CalSTRS deductions effective your membership date.
12. Set up your CalSTRS Account, <https://my.calstrs.com/NeospinMSSPRD/wfmLogin.aspx>