



PO Box 8556
Stockton, CA 95208-0556
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Enrollment Form / Authorization for Deduction of Dues

I authorize the **San Joaquin County Employees' Retirement Association (SJCERA)** to deduct **\$2.00** from my retirement warrant, due me on each pay date, and to pay said amount to **Retired Public Employees of San Joaquin County (RPESJC)**. I also authorize **SJCERA** to provide future change-of-address and telephone information to **RPESJC**. This authorization is effective upon receipt by **SJCERA** and until cancelled by me in writing or until I am ineligible for a regular retirement warrant.

PLEASE PRINT LEGIBLY	
NAME: First MI Last	SSN: _ _ _
MAILING ADDRESS:	TELEPHONE: () --
CITY: STATE :	ZIP:
SIGNATURE: X	DATE:
DEPARTMENT YOU RETIRED FROM:	
BIRTHDATE:	E-MAIL ADDRESS:
<i>Please check the box to the right if you are enrolling as a qualified beneficiary of a deceased eligible retired County employee per SJCERA.</i>	
NAME OF ELIGIBLE DECEASED EMPLOYEE:	DEPARTMENT EMPLOYEE RETIRED FROM:
RETIREMENT OFFICE USE ONLY	
DATE PROCESSED:	BY:

PLEASE MAIL OR BRING THIS FORM TO SJCERA-220 E. Channel Street, Stockton, CA 95202

IMPORTANT: If you change your name or address, in addition to notifying the retirement office, ***please notify RPESJC at PO Box 8556, Stockton, CA 95208-0556, or by e-mail at rpesjc@gmail.com***. This will insure that you continue to receive the **RPESJC** quarterly newsletter, as well as important information about elections and special events. Retain a copy of this form for your records. Thank you, and welcome to **RPESJC**!