



# Reciprocity Request

Submit this form to request reciprocity if you have left SDCERA-covered employment and are becoming (or have become) a Member of a reciprocal retirement system. Before reciprocity can be established, SDCERA must verify your reciprocal system Membership. Allow eight weeks to receive a response from SDCERA.

MEMBER INFORMATION			
First Name	MI	Last Name	Social Security Number
Mailing Address			Mobile Phone Number
City	State		ZIP Code
Personal Email			Employee ID
Name of Reciprocal Agency		Dates of Service with Reciprocal Agency _____ to _____	

MEMBER AUTHORIZATION
<p>By submitting this application to SDCERA, I hereby apply for reciprocity. I understand that, if my periods of active Membership in both retirement systems overlap, SDCERA will adjust my Membership entrance or termination date to eliminate up to 12 weeks of overlapping service and honor my request to establish reciprocity. This adjustment will result in the removal of SDCERA service credit and the return of contributions plus interest, if applicable, for the overlapping period.</p> <p>I am eligible for full reciprocity as long as I leave my accumulated contributions on deposit with my former system and enter my new employer's system within six months of my termination date from my previous system. If I am not eligible for full reciprocity because I have more than six months between periods of active Membership, I may be eligible for limited reciprocity. With limited reciprocity, I may use my service credit earned in the reciprocal system to help me vest and become eligible for a retirement benefit. I must contact the reciprocal agency to verify whether or not benefits may be available to me from that agency.</p> <p>I understand that, after reciprocity is established, I am subject to the laws and regulations of each retirement system of which I am a Member. I must leave my contributions plus interest on deposit with SDCERA and the reciprocal system(s). Furthermore, when I retire, I understand that I must retire from all reciprocal retirement systems on the same date.</p> <p>If I fail to meet the reciprocity requirements at any time, I understand that all rights and benefits of reciprocity will be lost.</p> <p>Member Signature _____ Date _____</p>