

# New Member Workshop

Welcome to **LACERA**, your  
Los Angeles County  
Employees Retirement  
Association



**LACERA**  
Los Angeles County Employees Retirement Association

PLAN  
**G**

RETIREMENT  
**What's Your Plan?**

Summary Plan Description  
**Retirement Plan G**  
General Member

# Topics

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- Retirement Plans
- Your Retirement Picture
- Membership Eligibility
- Plan G Contribution Rate
- Prior Membership & Reciprocity
- Retirement Components
- Purchasing Service Credit
- Disability & Death Benefits, Insurance
- Leaving County Service
- Sworn Statement
- Beneficiary Designation

# Retirement Plans

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DB

**Defined Benefit Plan:**

**LACERA Plan G – General Members**  
Guaranteed lifetime pension

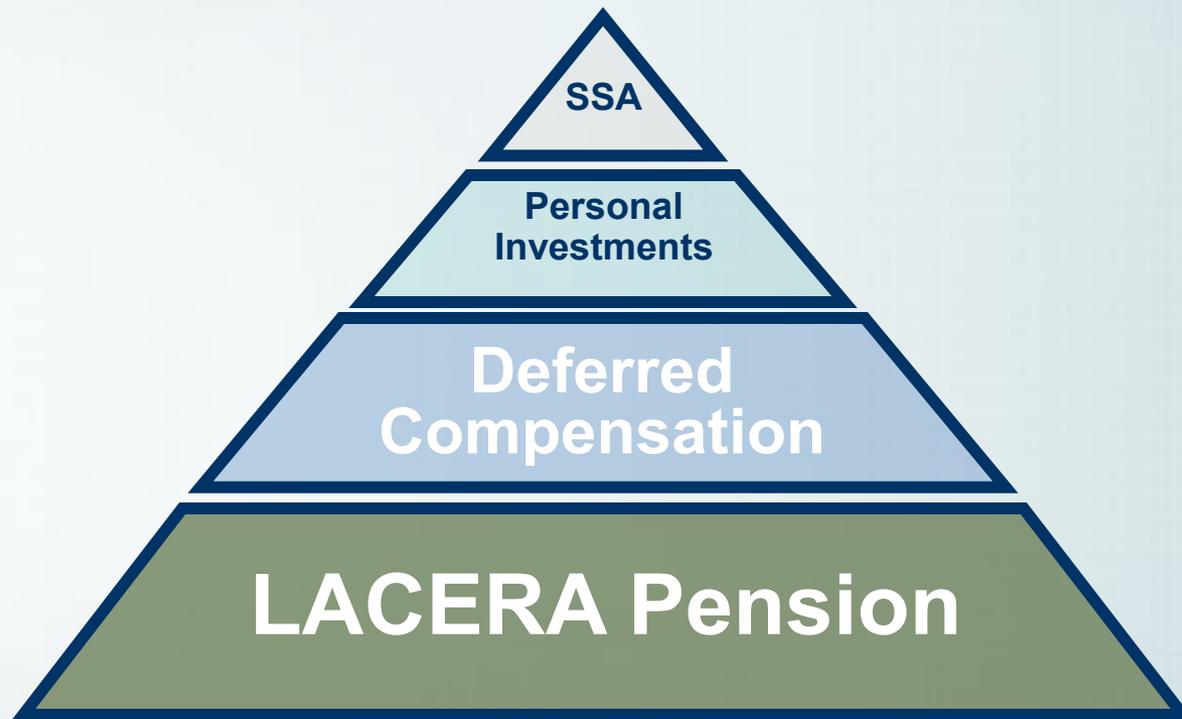
DC

**Defined Contribution Plan:**

**Empower 457(b) Horizons and 401(k)\*** *\*(non-represented only)*

# Your Retirement Picture

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# Membership Eligibility

- Permanently employed
- Working  $\frac{3}{4}$  time or more
  - Condition of employment
- Effective first of the month following your hire date
- 5 Year vesting requirement



*As an employee of Los Angeles County,  
you are now a member of the largest county retirement system in the United States.*

# Plan G Contribution Rate

| Entry Age | Contribution Rate % |
|-----------|---------------------|
| All Ages  | 9.28%               |

- **Contribution rate subject to change**
  - Interest rate change set by the Board of Investments
  - System actuarial valuations
- **Performed every one to three years as prescribed by law**
- **Necessary to properly fund the system**
- **Before-tax, semi-monthly payroll deductions**

Example: Monthly Salary \$4,000 x 9.28% = \$371.20/mo. or \$185.60 every check

# Prior Membership

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- **L.A. County employee prior to 2013—you may be eligible for a different LACERA plan.**
  - Deferred contributions prior to January 1, 2013
  - Vested Plan E Member
  - Redeposit into a former plan
  - Eligible for reciprocity for service prior to January 1, 2013

# Reciprocity

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## ▪ **Benefits:**

- Helps meet minimum vesting and eligibility
- Highest final compensation either agency
- Separate retirement checks
- LACERA health insurance based on LACERA service only (LA City exception)

## ▪ **Requirements:**

- Join LACERA within 6 months of leaving prior system
- No overlap
- Must apply for retirement with each agency separately
- Must retire concurrently (same date)
- May not withdraw during employment

# Retirement Components

- **Guaranteed lifetime pension**
- **Based on:**
  - **Age**
    - Cap at age 67
  - **Years of Service**
    - Worked and Purchased
  - **Final Compensation**
    - Monthly average salary during any 72 consecutive pay periods (36 months)
    - Annual limit effective 2025: \$186,096



# Purchasing Service Credit

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## ▪ **Previous County Service:**

- Temporary County service (Temp Time)
- Redeposit of withdrawn contributions
- Sick without Pay (SWOP)

## ▪ **Other Government Service:**

- Federal Government
- State of California
- Any Public Agency within the State of California  
(including Non-vested Plan E)
- US Military

*Previous service counts toward Retiree Insurance subsidy!*

**Rule of Thumb for Service Credit Purchases: Sooner, rather than later!**

# Purchasing Service Credit

| Years of service | AGES  |       |       |       |        |        |        |
|------------------|-------|-------|-------|-------|--------|--------|--------|
|                  | 61    | 62    | 63    | 64    | 65     | 66     | 67     |
| 25               | 47.5% | 50.0% | 52.5% | 55.0% | 57.5%  | 60.0%  | 62.5%  |
| 26               | 49.4% | 52.0% | 54.6% | 57.2% | 59.8%  | 62.4%  | 65.0%  |
| 27               | 51.3% | 54.0% | 56.7% | 59.4% | 62.1%  | 64.8%  | 67.5%  |
| 28               | 53.2% | 56.0% | 58.8% | 61.6% | 64.4%  | 67.2%  | 70.0%  |
| 29               | 55.1% | 58.0% | 60.9% | 63.8% | 66.7%  | 69.6%  | 72.5%  |
| 30               | 57.0% | 60.0% | 63.0% | 66.0% | 69.0%  | 72.0%  | 75.0%  |
| 31               | 58.9% | 62.0% | 65.1% | 68.2% | 71.3%  | 74.4%  | 77.5%  |
| 32               | 60.8% | 64.0% | 67.2% | 70.4% | 73.6%  | 76.8%  | 80.0%  |
| 33               | 62.7% | 66.0% | 69.3% | 72.6% | 75.9%  | 79.2%  | 82.5%  |
| 34               | 64.6% | 68.0% | 71.4% | 74.8% | 78.2%  | 81.6%  | 85.0%  |
| 35               | 66.5% | 70.0% | 73.5% | 77.0% | 80.5%  | 84.0%  | 87.5%  |
| 36               | 68.4% | 72.0% | 75.6% | 79.2% | 82.8%  | 86.4%  | 90.0%  |
| 37               | 70.3% | 74.0% | 77.7% | 81.4% | 85.1%  | 88.8%  | 92.5%  |
| 38               | 72.2% | 76.0% | 79.8% | 83.6% | 87.4%  | 91.2%  | 95.0%  |
| 39               | 74.1% | 78.0% | 81.9% | 85.8% | 89.7%  | 93.6%  | 97.5%  |
| 40               | 76.0% | 80.0% | 84.0% | 88.0% | 92.0%  | 96.0%  | 100.0% |
| 41               | 77.9% | 82.0% | 86.1% | 90.2% | 94.3%  | 98.4%  | 100.0% |
| 42               | 79.8% | 84.0% | 88.2% | 92.4% | 96.6%  | 100.0% | 100.0% |
| 43               | 81.7% | 86.0% | 90.3% | 94.6% | 98.9%  | 100.0% | 100.0% |
| 44               | 83.6% | 88.0% | 92.4% | 96.8% | 100.0% | 100.0% | 100.0% |
| 45               | 85.5% | 90.0% | 94.5% | 99.0% | 100.0% | 100.0% | 100.0% |

Figures are presented as a guide. Your actual allowance may vary.

# Death Benefits

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- **Death prior to retirement is based on:**
  - Amount of service credit member accrued
    - Vested vs.
    - Non-vested
  - Category of death
    - Service-connected vs.
    - Nonservice-connected
  - Relationship of recipient to member
    - Eligible survivor vs.
    - Named beneficiary

# Disability Benefits

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- **Permanent disability resulting from an illness or injury**
- **Disability Types:**
  - **Service-connected disability (SCD)**
    - Directly related to your County employment
    - No minimum service credit
  - **Nonservice-connected disability (NSCD)**
    - Not related to your County employment
    - Requires minimum 5 years of County service credit
    - Reciprocal service credit counts toward 5 years

# Retirement Health Insurance

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- **County Retiree Health Insurance Subsidy**

- 40% with 10 years of service credit
- 4% with each complete year thereafter
- 100% subsidy with 25 years or more

- **Tier I**

- Membership or Reciprocity prior to 8/1/14
- County will subsidize retiree *and* eligible dependents

- **Tier II**

- Membership after 8/1/14
- County will subsidize Retiree-Only rate
- Member can insure eligible dependents, but must pay the difference

# Leaving County Service

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- **What options do you have if you leave County service?**
  - Retire (if eligible)
  - Defer Retirement
  - Establish Reciprocity
  - Withdraw Contributions

# Leaving County Service

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- **Plan G members are eligible to retire:**
  - Upon reaching age 52 and
    - 5 years of County service credit or
  - 5 years combined County and reciprocal service
  - Or
  - Age 70 with any amount of service

# Leaving County Service

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- **Defer contributions:**

- To establish reciprocity
- Accrues interest up to assumed rate of return
- Meet retirement eligibility requirements
- Age 73 mandatory distribution
- Remember to maintain your address with LACERA

- **Outgoing Reciprocity**

# Leaving County Service

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- **Must withdraw at age 73**
- **Waive your rights to future benefits**
- **2 methods:**
  - Contributions and interest paid to you
    - Mandatory tax withholding
    - 20% Federal Tax and
    - 2% California State
    - Tax penalty under age 59 ½
  - Or
  - Direct rollover into Tax-Qualified plan (preserves your retirement savings)

# Poll Questions



# How Do I Contact LACERA?

- By Phone - 800-786-6464
- By Fax - 626-564-6155
- In Person - By Appointment only  
**No Walk-In Counseling**
- Virtual Appointments Available
- Secure document drop off slot outside the building  
**300 N. Lake Avenue, Pasadena, CA 91101**
- By Email –[welcome@lacera.com](mailto:welcome@lacera.com)
- My LACERA – Secure Messages
- Online –[lacera.com](https://www.lacera.com)



## Sign Up for My LACERA!

Your secure, online retirement account and message center



## Pre-Retirement Workshops

Financial, benefits, and healthcare presentations

# Sworn Statement



Los Angeles County Employees Retirement Association

300 N. Lake Ave., Pasadena, CA 91101 / PO Box 7060, Pasadena, CA 91109-7060 / www.lacera.com / 626/564-6132 • 800/786-6464

## MEMBER SWORN STATEMENT For Permanent Employees Working 3/4 Time or More

PLEASE PRINT

|   |                         |  |              |               |                 |  |  |
|---|-------------------------|--|--------------|---------------|-----------------|--|--|
| <b>SECTION 1: Employee Personal Information</b> |                         |  |              |               |                 | I am a: <input type="checkbox"/> General Member <input type="checkbox"/> Safety Member |  |
| SOCIAL SECURITY NO.                             | BIRTH DATE (MM/DD/YYYY) | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | EMPLOYEE NO. | DEPT. NO.     | DEPARTMENT NAME |  |  |
| FIRST NAME                                      | MIDDLE NAME             | LAST NAME  |              | DATE OF HIRE* |                 |  |  |
| HOME ADDRESS                                    |                         |  |              | APT. NO.      | WORK PHONE      |  |  |
| CITY  | STATE                   | ZIP CODE   | HOME PHONE   |               |                 |  |  |
| EMAIL   |                         |  |              |               | CELL PHONE      |  |  |

\*Date of hire as a permanent, 3/4 time or more employee

|   |
|---|
| <b>SECTION 2: Previous Service and Reciprocity</b>  |
| <b>IMPORTANT: If you have previous public service work experience, you may have additional retirement plan options.</b>   |
| <p><b>Previous Service:</b></p> <p><input type="checkbox"/> I worked for the County of Los Angeles as a <b>temporary employee</b>.<br/>Start Date: _____ End Date: _____</p> <p><input type="checkbox"/> I worked for the County of Los Angeles as a <b>permanent employee</b>.<br/>Start Date: _____ End Date: _____</p> <p><input type="checkbox"/> I worked for the <b>United States government (including military service), the State of California, or a public entity in California</b>.<br/>Start Date: _____ End Date: _____ Agency: _____</p>   |
| <p><b>Reciprocity:</b></p> <p><input type="checkbox"/> I am a member of a reciprocal retirement system.<br/>Reciprocal Retirement System: _____<br/>Start Date: _____ End Date: _____</p>   |
| <p><b>Previous Service and Reciprocity Verification Process:</b><br/>As you indicated you have previous service with L.A. County, the State of California, or other public entity in California; or that you have reciprocity with a qualified reciprocal system, LACERA will attempt to verify the information through appropriate contacts to determine if additional retirement plan options are available to you. If so, we will inform you of those options. You may also be eligible to purchase U.S. government (including military service) time, which may count toward your retirement allowance. Please note, retrieving information from outside sources may take six months or longer.</p> |



# Sworn Statement

## SECTION 3: Acknowledgement

I understand I will automatically be assigned to a retirement plan, General Plan G or Safety Plan C. My membership is effective the first day of the month following my hire date as a permanent employee working 3/4 time or more. Retirement plan contributions will be deducted from my paycheck.

I acknowledge and understand both my hire date and my first eligibility for LACERA membership occurred after June 30, 2014. Based on that and in accordance with the Los Angeles County Code, Section 5.20.085, I understand I will be eligible for certain benefits provided under the County Retiree Healthcare Benefits Program – Tier 2 when I retire. I further understand the healthcare benefits offered under this program are not a vested right and may be amended or modified by the County.

I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Employee Signature: X \_\_\_\_\_

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

ATTENTION EMPLOYEES: Do not send this form to LACERA.

THIS AREA FOR HR PROFESSIONALS ONLY

## SECTION 4: Personnel Office Verification

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

This employee is a General Plan G member.  This employee is a Safety Plan C member.

I have verified and attest to the accuracy of the employee's information.

Authorized Signature: X \_\_\_\_\_ Department/Location: \_\_\_\_\_

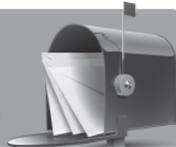
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

HR Professionals: Send original to LACERA, retain a copy for your records, and give a copy to employee.

Call the LACERA HR Pros Hotline @ 800-659-2786 for assistance.

LACERA will mail  
you the New Hire  
Welcome package.



Check out the  
**New Hire  
Video Online**

[lacera.com/Benefits/NewMember](http://lacera.com/Benefits/NewMember)



..... LACERA DATE STAMP .....

..... LACERA DATE STAMP .....

..... LACERA DATE STAMP .....

# Beneficiary Designation

**LACERA**

Los Angeles County Employees Retirement Association

300 N. Lake Ave., Pasadena, CA 91101 / PO Box 7060, Pasadena, CA 91109-7060 / lacera.com / 626/564-6132 • 800/786-6464

## BENEFICIARY DESIGNATION

THIS FORM MUST BE FULLY COMPLETED. Incomplete or inaccurate information may delay the disbursement of benefits to your beneficiaries.

MEMBER'S NAME: \_\_\_\_\_

MEMBER'S SOCIAL SECURITY NO.: \_\_\_\_\_

MEMBER'S PHONE NO.: \_\_\_\_\_

Your marital status:  Single  Married  Registered Domestic Partnership  Divorced  Widow(er)

Marriage/Domestic Partnership Date: \_\_\_\_\_

Divorce/Termination of Domestic Partnership Date: \_\_\_\_\_

### Primary Beneficiary(ies)

|   |                     |             |            |
|---|---------------------|-------------|------------|
| Percentage*   | First Name          | Middle Name | Last Name  |
| Relation to Member  | Address             |             |            |
| Birth Date (MMDDYY)   | City                | State       | Zip Code   |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Social Security No. |             | Home Phone |
| Email   | Cell Phone          |             |            |

|   |                     |             |            |
|---|---------------------|-------------|------------|
| Percentage*   | First Name          | Middle Name | Last Name  |
| Relation to Member  | Address             |             |            |
| Birth Date (MMDDYY)   | City                | State       | Zip Code   |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Social Security No. |             | Home Phone |
| Email   | Cell Phone          |             |            |

|   |                     |             |            |
|---|---------------------|-------------|------------|
| Percentage*   | First Name          | Middle Name | Last Name  |
| Relation to Member  | Address             |             |            |
| Birth Date (MMDDYY)   | City                | State       | Zip Code   |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Social Security No. |             | Home Phone |
| Email   | Cell Phone          |             |            |

0 Percentage Total\*

\*Percentages must total 100%.

Tear off and mail completed form to LACERA.



# Beneficiary Designation

| ----- Secondary Beneficiary(ies) -----  |                     |                               |                               |            |
|---|---------------------|-------------------------------|-------------------------------|------------|
| Percentage*   | First Name          | Middle Name                   | Last Name                     |            |
| Relation to Member  | Address             |                               |                               |            |
| Birth Date (MM/DD/YY)   | City                | State                         | Zip Code                      |            |
| Male <input type="checkbox"/> Female <input type="checkbox"/>   | Social Security No. |                               | Home Phone                    |            |
| Email   |                     |                               |                               | Cell Phone |
| Percentage*   | First Name          | Middle Name                   | Last Name                     |            |
| Relation to Member  | Address             |                               |                               |            |
| Birth Date (MM/DD/YY)   | City                | State                         | Zip Code                      |            |
| Male <input type="checkbox"/> Female <input type="checkbox"/>   | Social Security No. |                               | Home Phone                    |            |
| Email   |                     |                               |                               | Cell Phone |
| 0   |                     | Percentage Total*             | *Percentages must total 100%. |            |
| ----- Secondary Beneficiary: Trust -----  |                     |                               |                               |            |
| Name of Trust   |                     |                               |                               |            |
| ----- Retirees Only -----   |                     |                               |                               |            |
| Retirees: You may designate a separate beneficiary to receive a \$5,000 lump-sum death/burial benefit. If no beneficiary is named here, the benefit will default to your designated Primary Beneficiary(ies). |                     |                               |                               |            |
| First Name  | Middle Name         | Last Name                     |                               |            |
| Address   |                     |                               |                               |            |
| Birth Date (MM/DD/YY)   | City                | State                         | Zip Code                      |            |
| Male <input type="checkbox"/> Female <input type="checkbox"/>   | Social Security No. |                               | Home Phone                    |            |
| Email   |                     |                               |                               | Cell Phone |
| <b>→ Sign to Complete Transaction</b>   |                     |                               |                               |            |
| I acknowledge I have read and understand the information provided in this Beneficiary Designation form. I hereby revoke all prior designations and designate the beneficiaries named on this form.            |                     |                               |                               |            |
| (Please print)  |                     |                               |                               |            |
| First Name: _____   |                     |                               |                               |            |
| Last Name: _____  |                     |                               |                               |            |
| Phone: _____  |                     |                               |                               |            |
| Member Signature <b>X</b> _____   |                     |                               |                               |            |
| Date: _____   |                     |                               |                               |            |
| Mail completed form to: LACERA, P.O. Box 7060, Pasadena, CA 91109-7060.   |                     |                               |                               |            |
|   |                     | ..... LACERA DATE STAMP ..... |                               |            |
|   |                     | ..... LACERA DATE STAMP ..... |                               |            |
|   |                     | ..... LACERA DATE STAMP ..... |                               |            |

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**Congratulations**

**on your new career with LA County!**

**Thank you  
for your attendance!**