

New Member Workshop

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



Topics



Retirement Plans

DB

Defined Benefit Plan:

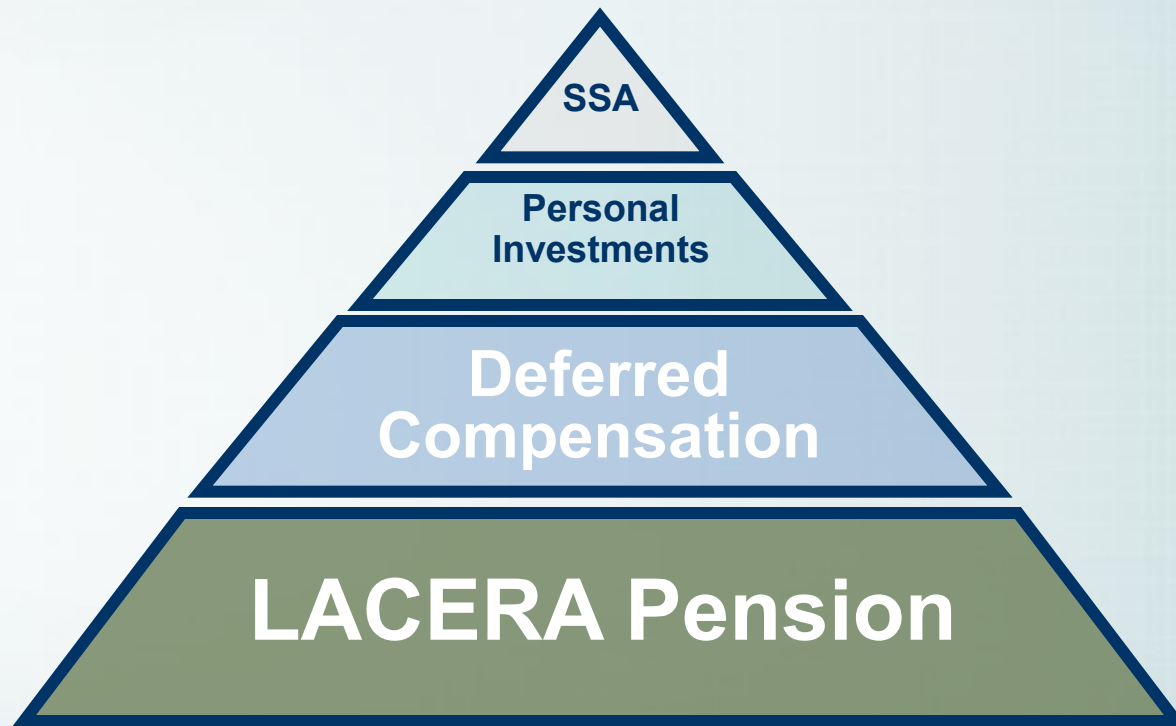
LACERA Plan C – Safety Members
Guaranteed lifetime pension

DC

Defined Contribution Plan:

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

Your Retirement Picture



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 one of the largest county retirement systems in the United States.*

Plan C Contribution Rate

Entry Age	Contribution Rate %
All Ages	14.97%

- ☐ **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 \$6,000 x 14.97% = \$898.20/mo. or \$449.10/every check

Prior Membership

☐ 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

☐ 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 Eligibility

☐ **Safety Plan C members are eligible to retire:**

- ☐ Upon reaching age 50 and

- ☐ 5 years of County service credit or combined County and reciprocal service

Retirement Components

- ❑ **Guaranteed lifetime pension**

- ❑ **Based on:**

- ❑ **Age**

- ❑ Cap at age 57

- ❑ **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

☐ Previous County Service:

- ☐ Temporary County service (Temp Time)
- ☐ Redeposit of withdrawn contributions
- ☐ Sick without Pay (SWOP)
- ☐ Convert General County service to Safety service
 - ☐ Must first earn 5 years of Safety service
 - ☐ May convert up to 5 years



Previous service counts toward Retiree Insurance subsidy!

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

Purchasing Service Credit

☐ Other Government Service:

- ☐ Federal Government
- ☐ State of California
- ☐ Any Public Agency within the State of California
- ☐ US Military
- ☐ *Purchased non-County civilian service cannot be converted to Safety time*

Previous service counts toward Retiree Insurance subsidy!

Purchasing Service Credit

Years of service	AGES							
	50	51	52	53	54	55	56	57
25	50.0%	52.5%	55.0%	57.5%	60.0%	62.5%	65.0%	67.5%
26	52.0%	54.6%	57.2%	59.8%	62.4%	65.0%	67.6%	70.2%
27	54.0%	56.7%	59.4%	62.1%	64.8%	67.5%	70.2%	72.9%
28	56.0%	58.8%	61.6%	64.4%	67.2%	70.0%	72.8%	75.6%
29	58.0%	60.9%	63.8%	66.7%	69.6%	72.5%	75.4%	78.3%
30	60.0%	63.0%	66.0%	69.0%	72.0%	75.0%	78.0%	81.0%
31	62.0%	65.1%	68.2%	71.3%	74.4%	77.5%	80.6%	83.7%
32	64.0%	67.2%	70.4%	73.6%	76.8%	80.0%	83.2%	86.4%
33	66.0%	69.3%	72.6%	75.9%	79.2%	82.5%	85.8%	89.1%
34	68.0%	71.4%	74.8%	78.2%	81.6%	85.0%	88.4%	91.8%
35	70.0%	73.5%	77.0%	80.5%	84.0%	87.5%	91.0%	94.5%
36	72.0%	75.6%	79.2%	82.8%	86.4%	90.0%	93.6%	97.2%
37	74.0%	77.7%	81.4%	85.1%	88.8%	92.5%	96.2%	99.9%
38	76.0%	79.8%	83.6%	87.4%	91.2%	95.0%	98.8%	100.0%
39	78.0%	81.9%	85.8%	89.7%	93.6%	97.5%	100.0%	100.0%

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

Death Benefits

☐ 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

Death Benefits

☐ Special Death Benefits

- ☐ During the performance of duty
- ☐ As the result of external violence or physical force
- ☐ Provides to surviving spouse or domestic partner
 - ☐ 12 months salary
 - ☐ Additional % of survivor benefit (if applicable)
 - ☐ One child: 25%
 - ☐ Two children: 40%
 - ☐ Three or more children: 50%

Disability Benefits

☐ **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

☐ County Retiree Health Insurance Subsidy

- ☐ 40% with 10 years 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

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
- My LACERA – Secure Messages
- Online –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

SECTION 1: Employee Personal Information				I am a: <input type="checkbox"/> General Member <input type="checkbox"/> Safety Member	
SOCIAL SECURITY NO.	BIRTH DATE (MM/DD/YY)	<input type="checkbox"/> MALE <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

SECTION 2: Previous Service and Reciprocity
IMPORTANT: If you have previous public service work experience, you may have additional retirement plan options.
Previous Service: <input type="checkbox"/> I worked for the County of Los Angeles as a temporary employee. Start Date: _____ End Date: _____ <input type="checkbox"/> I worked for the County of Los Angeles as a permanent employee. Start Date: _____ End Date: _____ <input type="checkbox"/> I worked for the United States government (including military service), the State of California, or a public entity in California. Start Date: _____ End Date: _____ Agency: _____
Reciprocity: <input type="checkbox"/> I am a member of a reciprocal retirement system. Reciprocal Retirement System: _____ Start Date: _____ End Date: _____
Previous Service and Reciprocity Verification Process: 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.



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 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.
Return it with your Beneficiary Designation form to your HR professional.

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.



PEPRA was signed by Governor Brown on September 12, 2012, with an effective date of January 1, 2013. LACERA staff is currently working with the County CEO's office to analyze the law and determine which sections will apply in Los Angeles County and how they will be applied.

Currently, we do not have materials containing General Plan G or Safety Plan C information. As we finalize details, we will share information on lacera.com, in the **New Member section**. We will provide a link to this page on our landing page.

----- 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 (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		

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%.



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%.
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----- 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	

→ Sign to Complete Transaction

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 X	
Date:	

Mail completed form to: LACERA, P.O. Box 7060, Pasadena, CA 91109-7060.

----- LACERA DATE STAMP -----
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----- LACERA DATE STAMP -----

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

**Thank you
for your attendance!**