



SFERS

San Francisco Employees' Retirement System

City and County of San Francisco Employees' Retirement System

RETIREMENT INTERVIEW CHECKLIST (MISCELLANEOUS MEMBER)

SECTION I

Appointment Date: _____ / No Show

NAME _____ DSW: _____

ADDRESS _____ PHONE NO. _____

MEMBERSHIP DATE: _____

SSN _____ DATE OF BIRTH (PER FILE)* _____ AGE _____

*Cannot be changed after retirement

DEPARTMENT & NO _____ PERMANENT CLASS _____

Union

SINGLE MARRIED Effective Date _____ Marriage Certificate in file

DOMESTIC PARTNERSHIP Effective Date _____ D.P. Cert. in file

SPOUSE / DP NAME _____ DATE OF BIRTH _____

SPOUSE'S/DP SSN _____ CHILDREN UNDER AGE 18? YES NO

CHILD'S NAME _____ DOB _____ SSN _____

DOB _____ SSN _____

SECTION II (Staff check the topic that applies, write NA next to the topic that does not):

1. Contributions owed _____ (Must pay on or before your date of retirement)

2. Days Off: _____ W TH F SA SU (Circle)

Purchased Unpurchased Years Cost as Of _____

3. Buybacks _____ _____ _____

All Buybacks must be purchased prior to retirement

4. Reciprocity Internal External Plan _____

5. Average Monthly Salary (FY _____) \$ _____ /mo \$ _____ /yr

(If teacher, contract salary per member, to be verified by staff) \$ _____ /yr

8.509 1-year 8.600 2-year \$ _____ /yr

8.587 1-year 8.603 3-year _____ / _____ mos

6. Service Credit _____ (approx.) Years Through _____

7. Account Balance \$ _____ as of _____

8. Account Shortage \$ _____ as of _____

Gilmore Debt to the Plan \$ _____ as of _____