



Seattle City Employees' Retirement System

For office use only.
Retirement number:

Portability Claim Form

Member Information – Help us serve you by printing legibly.	
Name (First, Middle Initial, Last)	Last 4 digits of your Social Security number:
Email address	Daytime Phone Number (including area code)

By submitting this claim under the portability provisions established in Seattle Ordinance 115460 and RCW 41.54, I am requesting verification of my dual membership in more than one qualified retirement plan in the State of Washington. By signing this form, I hereby assert I am earning or have earned service credits in the following retirement plan(s):

Organizations or jurisdictions covered by portability:

Service Dates

- | | |
|--|----------------|
| <input type="checkbox"/> Seattle City Employees' Retirement System (SCERS) | _____ to _____ |
| <input type="checkbox"/> Tacoma Employees' Retirement System (TERS) | _____ to _____ |
| <input type="checkbox"/> Spokane Employees' Retirement System (SERS) | _____ to _____ |
| <input type="checkbox"/> Washington Public Employees' Retirement System (PERS I, II, III) | _____ to _____ |
| <input type="checkbox"/> Washington School Employees' Retirement System (SERS II, III) | _____ to _____ |
| <input type="checkbox"/> Teachers' Retirement System (TRS I, II, III) | _____ to _____ |
| <input type="checkbox"/> Law Enforcement Officers/Fire Fighters Retirement System Plan II (LEOFF II) | _____ to _____ |
| <input type="checkbox"/> Washington State Patrol Retirement System (WSPRS) | _____ to _____ |
| <input type="checkbox"/> Other: _____ | _____ to _____ |

In completing this form, I understand that:

- Dual membership will only be established once my eligibility has been verified and certified by SCERS.
- Benefits under dual membership include combining time worked under multiple retirement systems to qualify for retirement and to determine the percentage of salary factors used by each retirement system. This means the number of years I work in each system will be combined to determine vesting rights and retirement eligibility.
- Creditable service may only be accrued in one participating retirement system at a time.
- I must have an aggregate of five years of retirement service credit in order to be vested.
- At retirement age, I may request a monthly pension.
- I may, at any time, change this decision to establish dual membership and have my contributions plus interest in Seattle City Employees' Retirement System refunded to me.
- Establishing dual membership and vesting my retirement funds will not entitle me to sick leave pay off.
- I will not be permitted to continue coverage under the death plan.

Signature and Date	
Member's Signature	Today's Date

Please return form to SCERS. You may fax the form to 206.386.1506 or email to retirecity@seattle.gov

Seattle City Employees' Retirement System, Jeffrey S. Davis, Executive Director
 720 Third Avenue, Suite 900, Seattle, Washington 98104
 Tel: 206.386.1293 Toll Free: 877.865.0079 Fax: 206.386.1506
 Website: www.seattle.gov/retirement Email: retirecity@seattle.gov