



Los Angeles County Employees Retirement Association

300 N. Lake Ave., Pasadena, CA 91101 / PO Box 7060, Pasadena, CA 91109-7060 / www.lacera.com / 1-800-786-6464 • 626-564-6132

April 15, 2009

Cal-Public Employees'
Retirement System
Member Services Division
P. O. Box 942704
Sacramento, CA 94229-2704

RECEIVED
APR 15 2009
SCANNING ROOM

S.S.
Re: Fred Guido

To Whom It May Concern:

RECIPROCITY/OTHER PUBLIC AGENCY SERVICE

Fred Guido is now a member of our system and has requested reciprocity or purchase of credit based on his employment.

Please complete and return the enclosed verification form so that we may process this member's request.

Please certify, sign and return to LACERA at your earliest convenience.

Thank you for helping us to assist our members. If you have any questions, please contact LACERA at 1-800-786-6464. One of our Retirement Benefits Specialists will be happy to assist you.

Sincerely,

Clarence Malone
Retirement Benefits Specialist
Claims Processing Division

CM:al
F26 (Rev. 04/2006)

c: Fred Guido
2735 Rocky Trail Road
Diamond Bar, CA 91765



Attachment 2

LA 004

TO: Cal-Public Employees' Retirement System Member Services Division P. O. Box 942704 Sacramento, CA 94229-2704	RE: Fred Guido 2735 Rocky Trail Road Diamond Bar, CA 91765
	SSN: _____ DOB: August 14, 1948

VERIFICATION OF PUBLIC SERVICE

Will you establish reciprocity between your agency and LACERA for this period? YES NO
 LIMITED CONCURRENT RETIREMENT

		Completed by LACERA		To be completed by agency	
1.	Permanent Date of Hire	December 2, 1996			
2.	Membership Date	January 1, 1997			
3.	Entry Age	48			
4.	Separation date from employment	N/A <input checked="" type="checkbox"/>		N/A <input type="checkbox"/>	
5.	Years and months of service with this system (Please convert hourly service, if applicable. Do not include ARC or 'air' time, military or federal service in total.)	Years	Months	Years	Months
6.	Is member eligible for a pension now or in the future based on this service?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.	Has member withdrawn funds?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
7a.	Fund Withdrawal Date	N/A <input checked="" type="checkbox"/>		N/A <input type="checkbox"/>	
7b.	Is member eligible to redeposit?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
7c.	If yes, has member elected to redeposit?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
7d.	Date redeposit paid in FULL	N/A <input checked="" type="checkbox"/>		N/A <input type="checkbox"/>	
8.	There are no records of employment	<input type="checkbox"/> No records (or archives)		<input type="checkbox"/> No records (or archives)	
9.	Incoming Reciprocity?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, from which system: Effective Date:		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, from which system: Effective Date:	
10.	Outgoing Reciprocity?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to which system: Effective Date:		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to which system: Effective Date:	
11.	Remarks/Type of Membership:	1st membership 4/1/73 to 12/9/77			
12.	Was the service listed above rendered in active law enforcement or active fire suppression or prevention?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

I hereby certify that the information provided is true.

Signature	Date
Printed Name	Email Address
Title	Phone Number
Retirement System / Public Agency	Fax Number

F27 (Rev. 11/2008)



Benefit Services Division
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or 888-225-7377)
TDD - (916) 795-3240; FAX (916) 795-3933

Reply to: Unit 455

April 24, 2009

Los Angeles County Employees' Retirement Association
P.O. BOX 7060
Pasadena, CA 91109



RETIREMENT SALARY REQUEST FORM

RECEIVED
APR 30 2009
MAILROOM

Member Name: Fred Guido
Retirement Date: 6/1/09
Member SSN: E

We have received an application for retirement from the above listed member who is currently a member of your system.

Please complete and return this form as soon as possible. If you have any questions, please contact us at the number listed above.

1. Retirement date under your system: ____/____/____
2. Membership date under your system: ____/____/____
3. Years of vested service credit in your system: _____
4. Type of retirement:

- Service Retirement
- Service-connected Industrial Disability
Do you apportion disability benefit? Yes No
- Nonservice-connected Disability
Do you apportion disability benefit? Yes No

5. Salary information:
Please provide final average salary (only) for the period checked: 1-Year 3-Year

6. Please check box if this is REVISED data:

Period	From	To	Final Average Salary
1-Year			
3-Year			

Signature: _____
Printed Name: _____

Telephone: () _____
Date: _____

**RETIREMENT SALARY ADVICE FORM
 TERMS AND GLOSSARY**

<u>TERMS</u>	<u>DEFINITION</u>
NAME	Name of member : First, Middle, Last
MEMBER SSN	The complete Social Security Number
RETIREMENT DATE	The date of Service, Industrial Disability or Disability retirement from your system
MEMBERSHIP DATE	The date of membership in the retirement system
VESTED SERVICE CREDIT	The years of service credit used to qualify the member for retirement. Example: 2.123 years. (Some types of service may not be used for vesting, such as "air-time", golden handshake, military; etc.)
TYPE OF RETIREMENT	<input checked="" type="checkbox"/> Service retirement; <input checked="" type="checkbox"/> Service-connected (Industrial) Disability, or <input checked="" type="checkbox"/> Non service-connected Disability.
DO YOU APPORTION DISABILITY BENEFIT?	<input checked="" type="checkbox"/> Indicate Yes or No to whether your system apportions for disability benefits.
FINAL AVERAGE SALARY	<input checked="" type="checkbox"/> 1 or <input checked="" type="checkbox"/> 3 year total average pension-able compensation used in computing retirement benefit.
REVISED DATA	<input checked="" type="checkbox"/> The information provided is revised from a previous completed form.
FROM - TO	"From and To" dates for the 12 or 36 month period for which salary rates apply that determines final average monthly salary
COMMENTS	Additional information or comments Example: "Not a member of our system" (Employee has refunded or was never a member)



Member Services Division
 P.O. Box 942704
 Sacramento, CA 94229-2704
 Telecommunications Device for the Deaf - (916) 795-3240
 888 CalPERS (or 888-225-7377) - Fax (916) 795-1224

FOR CalPERS USE ONLY	
<input type="checkbox"/>	Reciprocity applies
<input type="checkbox"/>	Reciprocity does not apply
<input type="checkbox"/>	Final Compensation only

The following information is provided pursuant to Government Code Sections 20895, 20351, or 20220, and concerns eligibility for reciprocity for the member identified.

INTER-SYSTEM MEMBERSHIP ADVICE
 PERS-MEM-1004 (Rev. 7/07)

1. TO: Los Angeles County Employees' Retirement Association P.O. Box 7060 Pasadena, CA 91109-7060		2. NAME: (FIRST, MIDDLE, LAST) Fred Guido	
4. DATE OF SEPARATION FROM EMPLOYMENT: 04/20/1982		5. MEMBERSHIP DATE: 10/25/1975	
6. BIRTH DATE: 08/14/1948		7. SEX: M	
8. SERVICE: <input checked="" type="checkbox"/> * MISCELLANEOUS X - If all or part of service is Miscellaneous or General		9. YEARS OF SERVICE CREDITED IN THIS SYSTEM: a. VESTED SERVICE: b. * ACTUAL SERVICE: 12.248 Service may be split due to Community Property	
c. RATE AGE FOR CONTRIBUTIONS: 27 Round up if age includes 6 or more months Example: 32 yrs, 6 mo, 2 days = 33			
10. INCOMING RECIPROCIITY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT SYSTEM?	
11. REMARKS:		RECEIVED MAY 06 2009 MAILROOM	
CERTIFIED BY: Kerry Griffin		TITLE: Sr. BPS	
PHONE: 916-795-1317			
DATE: April 28, 2009		RETIREMENT SYSTEM: CalPERS, MEMBER SERVICES DIVISION, UNIT 841 P.O. BOX 942704, SACRAMENTO, CA 94229-2704	
12. REGARDING THE PERSON IDENTIFIED ABOVE: <ul style="list-style-type: none"> Person's membership date in this system is: _____ Date member entered into employment in which they became a member: _____ 			
13. <input type="checkbox"/> PERSON IS NOT IN EMPLOYMENT AS A MEMBER OF THIS SYSTEM.			
14. REMARKS:			
CERTIFIED BY:		TITLE:	
DATE:		PHONE:	
RETIREMENT SYSTEM:			
ORIGINAL AND DUPLICATE COPY: TO SYSTEM UNDER WHICH MEMBERSHIP WILL CONTINUE. TRIPLICATE COPY: FOLLOW-UP COPY FOR ORIGINATING SYSTEM. COMPLETED DUPLICATE COPY: RETURN TO ORIGINATING SYSTEM.			

California Public
w

Attachment 4





Member Services Division
 P.O. Box 942704
 Sacramento CA, 94229-2704
 888 225-7377 or (888 CalPERS)

Intersystem Membership Advice Glossary

Section # and title corresponds to the section on the Intersystem Membership Advice

SECTION #	SECTION TITLE	DEFINITION
1	TO:	Name and address of new retirement system
2	NAME:	Name of member as shown in the retirement data base (Include former names)
3	SOCIAL SECURITY NUMBER	The complete Social Security Number
4	DATE OF SEPARATION FROM EMPLOYMENT	The date of the last employment separation from the 'transferring from' retirement system
5	MEMBERSHIP DATE:	The date of membership in the 'transferring from' retirement system. Note: Hire date may be different
6	BIRTH DATE:	The member's birth date
7	SEX:	The member's gender
8	SERVICE:	<u>Miscellaneous</u> – Marked when all or part of the actual service is miscellaneous or general <u>Safety</u> – Marked when all or part of the actual service is safety () Years of safety service only
9	YEARS OF SERVICE CREDITED IN THIS SYSTEM:	This section is divided into three parts: a. VESTED SERVICE: b. ACTUAL SERVICE: c. RATE AGE FOR CONTRIBUTIONS:
9 a.	VESTED SERVICE:	The service years that qualify the member to retire – include only service that can be used for vesting Note: May be different than Actual Service.

SECTION #	SECTION TITLE	DEFINITION
9 b.	ACTUAL SERVICE:	The service years used to calculate the benefit (may include additional service purchased or credited, i.e. military, leave of absence, prior service, service prior to membership etc.) Note: May be different than Vested Service.
9 c.	RATE AGE FOR CONTRIBUTIONS:	The age of the member on the date of membership. Should be rounded up to next age if the calculation includes 6 or more months.
10	INCOMING RECIPROcity:	Reciprocity established with a prior retirement system before the member entered the next system. Provide the system name, dates of service, service years & rate age
11 & 14	REMARKS:	May include additional employment periods, service credit purchases, redeposits, hire date before member qualified for membership, refunded service etc.
12	REGARDING THE PERSON IDENTIFIED ABOVE:	<ul style="list-style-type: none"> Person's membership date in this system: The date the person became a member of the new or 'transferring to' system. Date member entered into employment in which they became a member; First employment date leading to membership.
13	PERSON IS NOT IN EMPLOYMENT AS A MEMBER OF THIS SYSTEM:	Marked when a person has not reached membership qualification, has retired, or has terminated membership (service and/or funds are removed)



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May 19, 2009

California Public Employees'
Retirement System (CalPERS)
Member Services Division
P. O. Box 942704
Sacramento, CA 94229-2704

Re: Fred Guido
2735 Rocky Trail Road
Diamond Bar, CA 91765
SSN #

~~AGENCY - RECIPROCITY DENIED~~

We are unable to establish reciprocity with CalPERS for the following reason(s):

- Membership with your agency overlaps the employee's membership with LACERA.

If you have any questions, please call LACERA at 800-786-6464.

CM:fz
ReciprocityDeniedAgency (Rev. 7/2007)
(CORT3)



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MAY 21 2009
TRAINING ROOM

Attachment 5

LA 010



Los Angeles County Employees Retirement Association

300 N. Lake Ave., Pasadena, CA 91101 / PO Box 7060, Pasadena, CA 91109-7060 / www.lacera.com / 1-800-786-6464 • 626-564-6132

May 19, 2009

Fred Guido
2735 Rocky Trail Road
Diamond Bar, CA 91765

Employee #035891

Reference: California Public Employees'
Retirement System (CalPERS)
Member Services Division
P. O. Box 942704
Sacramento, CA 94229-2704

MEMBER - RECIPROCITY DENIED

We are unable to establish reciprocity with the CalPERS for the following reason(s):

- Membership with the reciprocal agency overlaps your membership with LACERA. Date of termination with LACERA is November 25, 1977 and your membership date with CalPERS is October 25, 1975.

If you have any questions, please call LACERA at 800-786-6464.

CM:fz
ReciprocityDeniedMember (12/04)
(CORTM)



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MAY 21 2009
SCANNING ROOM



Member Services Division
 P.O. Box 942704
 Sacramento, CA 94229-2704
 Telecommunications Device for the Deaf - (916) 795-3240
 888 CalPERS (or 888-225-7377) - Fax (916) 795-1224

FOR CALPERS USE ONLY
 Reciprocity applies
 Reciprocity does not apply
 Final Compensation only

The following information is provided pursuant to Government Code Sections 20895, 20351, or 20220, and concerns eligibility for reciprocity for the member identified.

INTER-SYSTEM MEMBERSHIP ADVISE
 PERS-MEM-1004 (Rev. 7/07)

1. TO: Los Angeles County Employees' Retirement Association P.O. Box 7060 Pasadena, CA 91109-7060		2. NAME: (FIRST, MIDDLE, LAST) Fred Guido	
4. DATE OF SEPARATION FROM EMPLOYMENT: 04/20/1982		5. MEMBERSHIP DATE: 10/25/1975	6. BIRTH DATE: 08/14/1948
8. SERVICE: <input checked="" type="checkbox"/> * MISCELLANEOUS X - If all or part of service is Miscellaneous or General		9. YEARS OF SERVICE CREDITED IN THIS SYSTEM: a. VESTED SERVICE: b. * ACTUAL SERVICE: 12.248 Service may be split due to Community Property c. RATE AGE FOR CONTRIBUTIONS: 27 Round up if age includes 6 or more months Example: 32 yrs, 6 mo, 2 days = 33	
10. INCOMING RECIPROCALITY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT SYSTEM?	
11. REMARKS: RECEIVED MAY 26 2009		RECEIVED MAY 06 2009 MAILROOM	
CERTIFIED BY: Kerry Griffin	SCANNING ROOM	TITLE: Sr. BPS	PHONE: 916-795-1317
DATE: April 28, 2009	RETIREMENT SYSTEM: CalPERS, MEMBER SERVICES DIVISION, UNIT 841 P.O. BOX 942704, SACRAMENTO, CA 94229-2704		
12. REGARDING THE PERSON IDENTIFIED ABOVE: • Person's membership date in this system is: <u>1/1/97</u> • Date member entered into employment in which they became a member: <u>12/2/96</u>			
13. <input type="checkbox"/> PERSON IS NOT IN EMPLOYMENT AS A MEMBER OF THIS SYSTEM.			
14. REMARKS: <i>1st membership 4/1/73 to 11/25/77. Reciprocity does not apply.</i>			
CERTIFIED BY: <i>Chanelle Malmo</i>	RBS II	PHONE: 626-564-6000	
DATE: <i>5/18/2009</i>	RETIREMENT SYSTEM: <i>LACERA</i>		
ORIGINAL AND DUPLICATE COPY: TO SYSTEM UNDER WHICH MEMBERSHIP WILL CONTINUE. TRIPLICATE COPY: FOLLOW-UP COPY FOR ORIGINATING SYSTEM. COMPLETED DUPLICATE COPY: RETURN TO ORIGINATING SYSTEM.			

California Public Employees' Retirement System
 www.calpers.ca.gov



Attachment 6