

# Schools FCERS Retirement Plan Election

<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>
<i>Mailing Address</i>	<i>City</i>	<i>State</i>
<i>Social Security Number (SSN)</i>	<i>Employee ID#</i>	<i>Contact Phone Number</i>

<b>Date of Birth (DOB)</b>	<b>Sex</b>	<b>Marital Status</b>	<b>Check One</b>
Month    Day    Year	<input type="checkbox"/> Male	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> New Hire <u>Start Date &amp; Department/Agency</u>
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Rehired <u>Rehire Date if Applicable</u>

## Plan Election – Check One

**All eligible employees are automatically enrolled in Retirement Plan A. If you choose to enroll in Plan B, you must elect that below.**

- Plan A** = 4%\* Salary  
*\*Plus 5<sup>1</sup>/<sub>3</sub>% of earnings over the Social Security Taxable Wage Base*
- Plan B** = 5<sup>1</sup>/<sub>3</sub>% Salary

- ✓ You must choose whether to stay in Retirement Plan A or switch to Retirement Plan B **within your first 30 days of employment.**
- ✓ Eligible employees may choose to switch to Plan B **WITHIN the first 30 days of employment.** (Plan B has a higher contribution and pays a higher retirement benefit.) Regardless of your choice, you must clearly choose your plan designation at left.
- ✓ If an eligible employee does not elect to participate in Plan B **within their first 30 days of Employment,** they will remain in Plan A for the duration of their System membership.
- ✓ You may not change your mind about Plan enrollment at a future date – Your initial choice of Plans is irrevocable after the first 30 days.

## Retirement System Beneficiary Designation

**In the event of your death,** having your beneficiary information on file at the Retirement Agency will make handling your affairs easier for your survivors. Please do not leave blank; information can be changed at any time. For more information, please visit the Retirement Agency website at [www.fairfaxcounty.gov/retirement/active\\_employees/beneficiaries.htm](http://www.fairfaxcounty.gov/retirement/active_employees/beneficiaries.htm).

If you are a vested employee on the active payroll when you die, and your spouse is listed as your sole primary beneficiary, your spouse will have the option of requesting a 50% survivor benefit, payable to them for their lifetime, or a refund of contributions and interest. If you are not married at the time of your death, your beneficiary is entitled to a refund of all your contributions, and interest. Refunds are paid out of the system within 60-90 days after receipt of your death certificate.

Primary Beneficiary Name(s)	Address	Relationship	DOB	SSN	%
<i>(If you have a spouse, you may want your spouse to be your sole primary beneficiary - see Retirement System Handbook.)</i>					

Contingent Beneficiary Name(s)	Address	Relationship	DOB	SSN	%
<i>(Contingent Beneficiary is/are the payee(s) who will be paid if primary beneficiary is already deceased.)</i>					

*Use this space for additional information*

*A member may designate as many beneficiaries as he/she chooses. Make sure the information is clearly stated with regards to percentages for each beneficiary.*

**\*\*\*Remember, you must make your Retirement Plan election within 30 days of your date of hire\*\*\***

***I understand the provisions of Plans A and B and make my election accordingly.***

Please make a copy for your records and return this original form to the  
**FCPS Office of Benefit Services**  
 8115 Gatehouse Rd. ♦ 2<sup>nd</sup> Floor, Suite 2700  
 Falls Church, VA 22042 ♦ 571-423-3200

\_\_\_\_\_  
*Signature of Member*

\_\_\_\_\_  
*Date of Signature*