



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# 30 Year One-Time Seven Percent (7%) Earnable Compensation Agreement

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	<b>Position Title</b>	
<b>Department</b>	<b>Pay Period to Begin Benefit</b>	<b>Pay Date to Begin Benefit</b>	<b>Telephone</b> ( )	

Refer to 30 Year One-Time (7%) Earnable Compensation procedure for further information.

**Eligibility Criteria** - A one-time opportunity to receive cash payment of 7% earnable compensation for 26 consecutive pay periods is available if the employee meets the following criteria:

- ◆ Must have completed at least a minimum of 25 years of service credit, including reciprocity, as defined in your applicable Memorandum of Understanding or Compensation Plan **and**
- ◆ Must have attained 30 years of service credit, including reciprocity, prior to submission of this form.

### One-Time 7% Earnable Compensation Agreement

I understand, accept and agree to the following terms and conditions:

- ◆ I understand that upon attaining 30 years of service credit, I can elect only **ONE** time during my employment, to receive cash payment of 7% of my earnable compensation for up to 26 consecutive pay periods.
- ◆ I understand that the cash payment of 7% of earnable compensation I receive shall be considered compensation earnable for purposes of calculating benefits or contributions for the San Bernardino County Employees' Retirement Association (SBCERA).
- ◆ I understand that the County of San Bernardino recommends that I consult with the SBCERA prior to signing this agreement to verify retirement eligibility.
- ◆ I understand that for tax purposes, this benefit will be taxable income.
- ◆ I understand this form must be submitted directly to EMACS-HR at least **15 working days** prior to desired pay date.

<b>Employee Signature (Print &amp; Sign)</b>	<b>Date</b>
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### One-Time 7% Earnable Compensation Employer Acknowledgement

- ◆ I acknowledge the employee is requesting the One-Time Seven Percent (7%) Earnable Compensation benefit.

<b>Department Head Signature (Print &amp; Sign)</b>	<b>Date</b>
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#### *EMACS-HR Office Use Only – Employee Eligibility Verification*

<b>Unit/Group</b>	25 Years of Service Credit Validated as of (date) _____				
	# of Years Validated in EMACS _____	# of Years of Reciprocity Validated _____			
30 Years of Service Credit Validated as of (date) _____		<b>PP Begin Date</b>	<b>PP End Date</b>	<b>EMACS-HR (Keyed By)</b>	<b>Date</b>
# of Years Validated in EMACS _____ # of Years of Reciprocity Validated _____					

# INTEROFFICE MEMO



DATE  
FROM

PHONE

TO EMACs HR

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**SUBJECT 30 year One-Time Earnable Compensation Agreement**

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I am requesting my 30 year One-Time Earnable Compensation Agreement take place starting in PP\_\_\_\_\_. I have signed the Agreement form dated 06/18/11, yet I understand my benefit is not a Seven Percent Pick-up but rather at set dollar amount of \$387.00 per month. Please process this effective PP\_\_\_\_\_.

Employee Name, ID#