



# Seattle City Employees' Retirement System

## 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:
Personal 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
Seattle City Employees' Retirement System (SCERS)	_____ to _____
Tacoma Employees' Retirement System (TERS)	_____ to _____
Spokane Employees' Retirement System (SERS)	_____ to _____
Washington Public Employees' Retirement System (PERS I, II, III)	_____ to _____
Washington School Employees' Retirement System (SERS II, III)	_____ to _____
Teachers' Retirement System (TRS I, II, III)	_____ to _____
Law Enforcement Officers/Fire Fighters Retirement System Plan II (LEOFF II)	_____ to _____
Washington State Patrol Retirement System (WSPRS)	_____ to _____
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

Completed form may be emailed to [retirecity@seattle.gov](mailto:retirecity@seattle.gov); faxed to 206-386-1506; mailed to SCERS, 720 Third Avenue, Suite 900, Seattle, WA 98104; or sent via secure message on your Member Self-Service account. The form may also be dropped off at our offices at 720 Third Avenue, Suite 900, Seattle, WA 98104.