



**Return to Active Membership Application  
for Retired Members**

Complete this form if you are a retired member and have been rehired by the County of San Diego (or other participating employer) into a position that is eligible for SDCERA membership. You must have the Department of Human Resources Medical Standards Unit complete a section of this form.

**MEMBER INFORMATION**

First name	MI	Last name
Employee ID number	Original retirement date (mm/dd/yyyy)	
Department	Rehire date (mm/dd/yyyy)	

**MEMBER ACKNOWLEDGMENT**

By submitting this application to SDCERA, I hereby apply for reinstatement as an active member of SDCERA. I understand the Board of Retirement will determine my eligibility for membership based on the position for which I am hired, my application and whether the pre-employment medical examination results indicate that I am not incapacitated for the duties assigned to me.

I understand my retirement benefit will be canceled on the effective date of my re-employment and will resume only when I subsequently terminate employment. In the event an overpayment of my retirement benefit is credited to me after I return to active membership, I understand the amount must be returned to SDCERA.

**Member's signature required**  ..... Date .....

**DEPARTMENT OF HUMAN RESOURCES  
MEDICAL STANDARDS UNIT AUTHORIZATION** *To be completed by DHR.*

I certify the member named above has successfully completed a pre-employment medical exam and is not incapacitated for the duties assigned to him/her.

Name	
Title	Telephone number (     )

**DHR representative's signature required**  ..... Date .....

*All sections of this form must be completed.  
Please return form to SDCERA at the address below.*