



Return to Active Membership Application for Retired Members

INSTRUCTIONS

Submit this form if you are a Retired SDCERA Member and have been rehired by the County of San Diego (or other participating employer) into a position that is eligible for SDCERA Membership. The Department of Human Resources Medical Standards Unit **must** complete the last section of this form.

MEMBER INFORMATION

Full Name		Employee ID
Department	Original Retirement Date	Date of Re-employment

MEMBER ACKNOWLEDGMENT

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. I also understand that I must return any overpayment of my retirement benefit made to me after the effective date of my re-employment.

Member's Signature _____ Date _____

DEPARTMENT OF HUMAN RESOURCES (DHR) MEDICAL AUTHORIZATION NOTE: THIS SECTION **MUST** BE COMPLETED BY A DHR REPRESENTATIVE

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

DHR Representative's Full Name	Telephone Number ()
DHR Representative's Title	
DHR Representative's Signature _____ Date _____	