

Non-Eligible Positions

Certain employees may receive pay from the county but not be eligible for CERF if they are covered under a separate retirement program established by the State of Missouri. The following positions are not eligible:

Circuit Clerks –

Circuit Clerks or any Deputy Circuit Clerks who are members of MOSERS. *However, Deputy Circuit Clerks who do not participate in MOSERS and work at least 1,000 hours per year for the county are eligible.*

Court Employees –

Employees who are hired, fired, or whose work and responsibilities are controlled by a Circuit Judge or Associate Circuit Judge. *However, employees who are hired and/or fired by the county and are directly compensated from county funds are eligible.*

Election Employees –

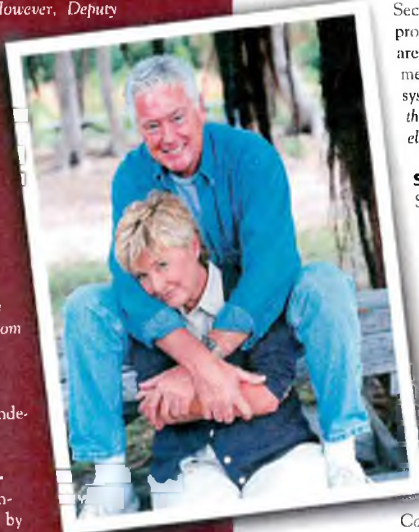
Directors and employees of independent election boards.

Extension Employees –

Missouri law states that extension employees are employed by the University, which is a political subdivision of the State of Missouri. State employees are not eligible.

Juvenile Employees –

Missouri courts have consistently ruled that Juvenile employees are employees of the Circuit Court. Additionally, HB 971, effective August 28, 1998, states that Juvenile employees are not eligible for CERF.



Nurses/County Health –

Employees of a health unit established pursuant to Chapter 205, RSMo. *However, Nurses who are controlled by the County Commission, rather than a Chapter 205 unit, are eligible.*

Prosecuting Attorneys –

Section 50.1000(8), RSMo 1994, provides that Prosecuting Attorneys are not eligible because they are members of a separate retirement system. *However, other employees of the Prosecuting Attorney's office are eligible.*

Sheriff –

Section 50.1000(8), RSMo 1994, provides that Sheriffs are not eligible because they are members of a separate retirement system. *However, other employees of the Sheriff's department are eligible.*

911/Emergency Management –

911 and Emergency Management employees who are controlled by an independent board. *However, 911 and Emergency Management employees who are hired and/or fired directly by the County Commission are eligible.*

In addition, employees of counties that are statutorily excluded from the County Employees' Retirement Fund are not eligible for this plan.



CERF
COUNTY EMPLOYEES'
RETIREMENT FUND

How to reach us...

County Employees' Retirement Fund

2121 Schotthill Woods Drive

Jefferson City, MO 65101

Toll-free: (877) 632-2373

Fax: (573) 761-4404

E-mail: admin@mocerf.org

Website: www.mocerf.org

Great-West Retirement Services

100 N. Tucker, Suite 100

St. Louis, MO 63101

Toll-free: (877) 895-1394

Fax: (314) 241-2181

E-mail: james.ellison@gwrs.com

Website: www.gwrs.com

The purpose of this brochure is to enable a member to more easily understand benefits provided under the CERF Pension Plan. If we have omitted or misstated any of the plan's provisions when explaining the topics covered by this brochure, the official plan rules contained in the Code of State Regulations will remain the final authority.

OTHER AVAILABLE BROCHURES:

"Creditable Service in the CERF Pension Plan"

"Benefits for your Survivors in the CERF Pension Plan"

"When You Retire in the CERF Pension Plan"

"When You Terminate Non-Vested in the CERF Pension Plan"

"Participating in the CERF 401(a) Savings Plan"

"Participating in the CERF 457 Savings Plan"

10/08



Participation

Participation in the CERF Pension Plan is mandatory for eligible employees hired on or after January 1, 2000 and working at least 1,000 hours during the year.

If you are an eligible employee who is scheduled to work at least 1,000 hours during the year, you will become a participant automatically on your date of hire. If you are hired into an eligible part-time position, but will work at least 1,000 hours in a calendar year, you will enroll immediately upon hire as well.

If you are hired on a part-time basis to work less than 1,000 hours during the year, you will not be enrolled in CERF at the time of hire. However, if you reach 1,000 hours in a calendar year, you become eligible for CERF and will enroll as follows:

- If you reach 1,000 hours on or before June 30, you will enroll on July 1 of the current year.
- If you reach 1,000 hours after June 30, you will enroll on January 1 of the following year.
- If you are hired in a full-time position, then change to part-time status, you will remain in CERF and continue to make the required contributions regardless of the number of hours you work. This part-time service will be calculated using the 91-hour rule. As a participant, whether full-time or part-time, you will remain in CERF until you terminate county employment for a period greater than 30 days. Please keep your address updated with CERF in order to continue to receive important information regarding your benefits.

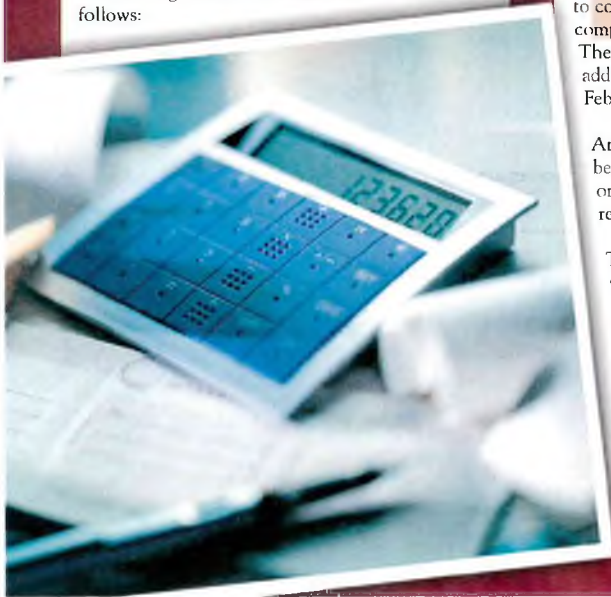
Employee Contributions

Effective with the signing of HB 1455, all participants hired on or after February 25, 2002, are required to contribute an additional 4% of their gross compensation to CERF, starting January 1, 2003. These employees are not required to make up the additional 4% contributions for the period of February 25 through December 31, 2002.

Any part of the additional 4% contribution can be paid by the county on behalf of an employee, or it can be paid by the employee. Each county is responsible for determining how it will be paid.

To further explain –

- A non-LAGERS participant hired on or after February 25, 2002, will contribute 6% of gross salary.
- An active non-LAGERS participant who was employed with the county prior to February 25, 2002, will continue making 2% contributions. However, if he terminates employment for more than 30 days, and is later rehired in an eligible position, he will be required to make a 6% contribution.



- Additionally, non-LAGERS participants are required to make a .7% contribution to the 401(a) plan.
- A LAGERS participant hired on or after February 25, 2002, will contribute 4% of gross salary.
- An active LAGERS participant who was employed with the county prior to February 25, 2002, is not required to make contributions. However, if he terminates employment for more than 30 days, and is later rehired in an eligible position, he will be required to contribute 4%.

NOTE: Contributions are required on all compensation, which includes regular wages, vacation, sick leave, overtime and bonuses.

Changing LAGERS Status

If your status as a LAGERS or non-LAGERS participant changes, the following will occur:

- You will receive the full benefit for those years of creditable service in which you were a non-LAGERS participant and made the required contributions.
- You will receive two-thirds of the full benefit for those years of creditable service in which you were a LAGERS participant and made the required contributions.
- If you receive a refund of contributions from LAGERS, you will be required to make up the mandatory contributions you would have paid to CERF had you not been in LAGERS. Your benefit for the period you were in LAGERS, for which you later received a refund, will be calculated at the non-LAGERS rate.
- If you retire from LAGERS and return to work in the county but are not accruing additional service credit in LAGERS, you are considered a non-LAGERS participant for this period of time. In this case, you must make the mandatory contributions to CERF. Again, for this period of time, your CERF benefit will be calculated at the non-LAGERS benefit rate.

Becoming Vested in Your Contributions

"Vesting" means that you have a permanent right to your pension benefit. In the CERF Pension Plan, you are entitled to a benefit after eight years of continuous creditable service during which you have received pay for 1,000 hours in each of those eight years.

Once you become vested, you are eligible to receive a full benefit at age 62, or an actuarially-reduced benefit as early as age 55.

Required Minimum Distribution Rule

As a vested member, you must begin receiving a required minimum distribution of your pension benefit on April 1 of the calendar year following the later of the year in which you reach age 70 1/2, or the year in which you separate from service. If you have not applied for pension benefits prior to this deadline, the only option available to you will be a single life annuity with no survivor benefit.

If you leave county employment before you become vested, you will receive a refund of the contributions you made to the plan. Your contributions will be refunded in a lump-sum payment either directly to you or you may elect to have your contributions rolled over to an eligible retirement plan. The refund will be made as soon as administratively possible. In order to elect a rollover to another plan, the full amount of distribution must equal \$200 or more. You may also elect a partial rollover if that portion of your distribution is at least \$500 or more. Any refund of pre-tax contributions paid directly to you require tax withholding at a rate of 20%.



CERF
COUNTY EMPLOYEES'
RETIREMENT FUND





Submit completed form to:
County Employees' Retirement Fund
 2121 Schotthill Woods Drive
 Jefferson City, MO 65101
 Toll Free: 877-632-2373
 Fax: 573-761-4404

The County Clerk completes this form if the participant terminates employment with the county on or after 01/01/2000 and has completed a minimum of 8 continuous years in an eligible position. **The Clerk should also complete and attach Form SV, "Verification of Participant's Salary, Hours, and Contributions," if the participant worked prior to January 2003 and/or had a service period where no contributions were made. The participant is eligible to draw a retirement benefit at age 62 or a reduced retirement benefit as early as age 55, when these requirements are fulfilled. The clerk and participant MUST sign page 2 of this form. This form and Form 2B must be completed, signed, dated, and returned to the CERF Administrative Office 30-90 days prior to the commencement of benefits if the participant is going to retire immediately upon termination of county employment.**

Note: As a vested member, you must begin receiving a required minimum distribution of your pension benefit on April 1 of the calendar year following the later of the year in which you reach age 70-1/2, or the year in which you separate from service. If you have not applied for pension benefits prior to this deadline, the only option available to you will be a single life annuity with no survivor benefit.

PARTICIPANT INFORMATION

Social Security Number _____ - _____ - _____ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Home Phone/Cell (_____) _____ Date of Birth _____ / _____ / _____

Work Phone (_____) _____

EMPLOYMENT INFORMATION

Original Date of Hire _____ / _____ / _____ CERF Eligibility Date _____ / _____ / _____ LAGERS Non-LAGERS

Note: In some cases the Original Date of Hire precedes the CERF Eligibility Date.

If Original Date of Hire and CERF Eligibility Date are different, please explain _____

Date of Termination _____ / _____ / _____ Department _____ Position _____

Is Termination Due to Death? Y / N (Circle One)

Check one of the following boxes:

- Employee has terminated employment/eligibility with at least eight vested years of service but is not within 30-90 days of retirement age (62 or older for full benefits, 55-61 for reduced benefits).
- Employee is eligible for retirement benefits (62 or over for full benefits, 55-61 for reduced benefits), or is already 62 or older, has eight vested years of service and is within 30-90 days of retirement age. Employee hereby makes application to receive retirement benefits from the County Employees' Retirement Fund.

You will be advised whether any purchase of prior service is required before your benefits begin. Participants who terminated employment prior to January 1, 2000 are required to make a purchase of prior service to draw a retirement benefit. Participants who were employed on or before June 10, 1999 and remained employed through January 1, 2000, may not be required to make a purchase of prior service.

FINAL COMPENSATION INFORMATION

Submit figures for final compensation. The average final compensation is calculated using the participant's two highest calendar years of compensation, and neither year can include a payment attributable to any prior year (including, but not limited to, a payment of benefits, back pay, unused vacation days or sick leave). See 16 CSR 50-2.050(1).

1. \$ _____ For the calendar year of _____
2. \$ _____ For the calendar year of _____

Continue to Page 2 for REQUIRED Participant and County Clerk Signature

If married, please provide the following information:

Name of Spouse _____ Social Security # _____ - - Date of Birth / /

REQUIRED SIGNATURES

I understand that by ending my employment, I am no longer eligible for the \$10,000 death benefit. I further understand that I cannot receive an immediate retirement benefit from the County Employees' Retirement Fund if I return to county employment within 30 days. If I return to county employment 31 days or more after the Date of Termination on this form and have elected to begin receiving a CERF retirement benefit immediately, I understand that I must work less than 1,000 hours in a calendar year to continue receiving a benefit from the County Employees' Retirement Fund, otherwise my retirement benefit will be suspended until I separate from service.

I understand any misrepresentation of fact will result in an adjustment of benefits and/or appropriate legal action.

Signature of Participant _____ Date* _____ Social Security Number _____

*Form 2V and Designation of Survivor Form 2B must be completed and dated at least 30, but not more than 90, days prior to the commencement of benefits if the participant is going to retire immediately upon termination of county employment.

I hereby certify that the above information regarding the participant and his/her county compensation amounts are true and correct. Attached to this form are copies of the participant's county income documentation.**

Signature of County Clerk _____ Date _____

****ACCEPTABLE DOCUMENTATION OF COUNTY INCOME**

- W-2s. If the W-2s do not reflect gross wages, a printout from county payroll records must accompany the W-2s, along with an explanation of any difference.
- A federal tax return (Form 1040) with supporting W-2s.
- A printout from county payroll records, accompanied by the Clerk's certification and seal.
- Other supporting documentation as approved by the Board of Directors.

REQUIRED ATTACHMENT(S)

- Form SV, if applicable.



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 2121 Schotthill Woods Drive
 Jefferson City, MO 65101
 Toll Free: 877-632-2373
 Fax: 573-761-4404

Version 5.7

FORM 1A
BENEFICIARY DESIGNATION
**(\$10,000 DEATH BENEFIT/
 NON-VESTED REFUND OF CONTRIBUTIONS)**

The participant completes and signs this form upon an employee's commencement of county employment in an eligible position to designate beneficiaries of the \$10,000 death benefit and, if applicable, non-vested refund of contributions through the County Employees' Retirement Fund.
PAGE 2 MUST BE SIGNED BY THE PARTICIPANT.

PARTICIPANT INFORMATION

Social Security Number - - County of Employment _____
 First Name _____ Initial _____ Last Name _____ Suffix _____

PRIMARY BENEFICIARIES OF \$10,000 DEATH BENEFIT/NON-VESTED REFUND OF CONTRIBUTIONS
Percentage of Benefit for ALL primary beneficiaries must total 100%.

Social Security Number - - Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Cell () _____ Gender Male Female Date of Birth / /

Social Security Number - - Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Cell () _____ Gender Male Female Date of Birth / /

Social Security Number - - Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Cell () _____ Gender Male Female Date of Birth / /

Social Security Number - - Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Cell () _____ Gender Male Female Date of Birth / /

Social Security Number - - Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Cell () _____ Gender Male Female Date of Birth / /

Social Security Number - - Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Cell () _____ Gender Male Female Date of Birth / /

Continue to Page 2 for Contingent Beneficiary Designation(s) and REQUIRED Participant Signature

CONTINGENT BENEFICIARIES OF \$10,000 DEATH BENEFIT/NON-VESTED REFUND OF CONTRIBUTIONS
Percentage of Benefit for ALL contingent beneficiaries must total 100%.

Social Security Number - - Relation to Participant Percentage of Benefit

First Name Initial Last Name Suffix

Address City State Zip

Home Phone () Cell () Gender Male Female Date of Birth / /

Social Security Number - - Relation to Participant Percentage of Benefit

First Name Initial Last Name Suffix

Address City State Zip

Home Phone () Cell () Gender Male Female Date of Birth / /

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Home Phone () Cell () Gender Male Female Date of Birth / /

Social Security Number - - Relation to Participant Percentage of Benefit

First Name Initial Last Name Suffix

Address City State Zip

Home Phone () Cell () Gender Male Female Date of Birth / /

REQUIRED SIGNATURE – See Below

I am designating the above person(s) as my primary and contingent beneficiaries of my \$10,000 death benefit and, if applicable, non-vested refund of contributions through the County Employees' Retirement Fund. If none of these persons are alive when I die, my benefit will be distributed in the manner provided by law. I revoke all prior designations regarding these funds. I understand that any dissolution or annulment of marriage following the execution of this form shall have no effect on the designation of my spouse or relative of my spouse as beneficiary hereunder. I reserve the right to revoke any designation by making another written designation. I agree that unless and until I submit another written designation, any and all designations made hereunder shall remain in full force and effect. **Unless otherwise stated by me, my beneficiaries' interest in this benefit is as joint tenants with right of survivorship. The interest of any beneficiary (and related heirs) terminates if he or she dies before I do. The indicated share of the other beneficiaries will increase on a pro rata basis.** I understand these beneficiary designations will become void once I terminate from county employment.

Signature of Participant

Date

Social Security Number



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County Employees' Retirement Fund
 2121 Schotthill Woods Drive
 Jefferson City, MO 65101
 Toll Free: 877-632-2373
 Fax: 573-761-4404

The County Clerk completes and signs this form upon a participant's change in contact information, marital status, or employment status.
The employee IS NOT required to sign this form.

Note: This form will not be accepted as a change in beneficiary designation. Please use the appropriate beneficiary form(s), to submit a change to the participant's beneficiaries.

PREVIOUS PARTICIPANT INFORMATION

Social Security Number _____ - _____ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone/Cell (____) _____

Gender Male Female Marital Status Married Single Date of Birth ____/____/____

Date of Hire ____/____/____ Employee's Dept. _____ Employee's Position _____

Employment Status

County Contribution ____% Full-Time (cannot exceed 4%)
 Seasonal, >1,000 hours Part-time, >1,000 hours Non-LAGERS
 Employee Contribution ____% (within range of 2% - 6%)
 Seasonal, <1,000 hours Part-time, <1,000 hours LAGERS

UPDATED PARTICIPANT INFORMATION (Enter only information that has changed.)

Social Security Number _____ - _____ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone/Cell (____) _____ Date of Birth ____/____/____

Gender Male Female Marital Status Married – Must attach copy of marriage certificate, if reporting change in status.
 Single – Must attach copy of divorce decree or death certificate, if reporting change in status.

Date of Hire ____/____/____ Employee's Dept. _____ Employee's Position _____

Employment Status

County Contribution ____% (cannot exceed 4%)
 Full-Time (contributions will continue to be withheld when changing from F/T to P/T, based on LAGERS status)
 Seasonal, >1,000 hours Part-time, >1,000 hours Non-LAGERS
 Employee Contribution ____% (within range of 2% - 6%)
 Seasonal, <1,000 hours Part-time, <1,000 hours LAGERS

Check the box at the left if the updated participant address also affects beneficiaries who resided at the participant's previous address.

REQUIRED SIGNATURE – See Below

The above information for this participant has changed effective _____ (date). Please update all records for this participant. If this is for participant's change to part-time employment, I have notified the participant that they are eligible for the \$10,000 death benefit only during the months in which they work.

Signature of County Clerk _____ Date _____