



For process information:
 Office of the City Administrative Officer
 200 N. Main, Room 1200
 Los Angeles CA 90012-4190
 FAX (213) 978-7613



For benefit information:
 Los Angeles City Employees' Retirement System
 360 East 2nd Street, 2nd Floor, L. A. CA 90012
 www.LACERS.org (213) 473-7200
 or (800) 779-8328

Website: erip.lacity.org

ERIP Information: (213) 473-3231 or 311 (within the City of L.A.)

Email: erip@lacity.org

ELECTION FORM FOR THE EARLY RETIREMENT INCENTIVE PROGRAM (ERIP)

***Required Fields Are Highlighted in Yellow - Incomplete Applications May Be Rejected**

MEMBER INFORMATION					
*Last 4 digits of SSN:			*Employee ID #:		
*Name:					
*Mailing Address: (to be provided to LACERS as your address of record)					
*City, State, Zip:					
Age:	DOB:	*Classification:	*Department/Bureau:		
*Home Phone		*Work Phone		Cell Phone	
Est. Yrs of Service:		Email Address:			
Have you established reciprocity with LACERS?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, name of reciprocal agency:	
Have you received retirement counseling from LACERS?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Prior Government Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	Military <input type="checkbox"/>	Other Public Agency <input type="checkbox"/>
Leaves From City Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	Unpaid Leave <input type="checkbox"/>	Paid <input type="checkbox"/> Don't Know <input type="checkbox"/>
Leaves Due to Workers' Compensation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	IOD <input type="checkbox"/>	State Rate <input type="checkbox"/> Both <input type="checkbox"/> Not Sure <input type="checkbox"/>
Prior DWP Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Do you have an open Service Purchase Contract with LACERS?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
My preferred retirement date is:		(leave blank if you don't have a preferred date)			
*CURRENT MARITAL STATUS					
Married <input type="checkbox"/>		Divorced <input type="checkbox"/>		Single <input type="checkbox"/>	
		State Registered Domestic Partnership <input type="checkbox"/>		LACERS Declaration of Domestic Partnership <input type="checkbox"/>	
CURRENT SPOUSE/DOMESTIC PARTNER INFORMATION					
Name:			Maiden Name:		
Last 4 digits of SSN:			Date of Birth:		
Date of Marriage/Partnership:			City/State of Marriage/Partnership:		
MEMBER'S PRIOR MARRIAGE(S)/STATE DOMESTIC PARTNERSHIP(S)					
Do you have a prior Marriage or State Domestic Partnership?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(1) Name of Prior Spouse/Domestic Partner:		Date of Marriage/Partnership:		Date of Death:	
Date of Separation:	County/State of Dissolution:		Date of Final Decree:		
(2) Name of Prior Spouse/Domestic Partner:		Date of Marriage/Partnership:		Date of Death:	
Date of Separation:	County/State of Dissolution:		Date of Final Decree:		
Are your dissolution documents on file with LACERS?		Are you in the process of obtaining a dissolution?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
CURRENT SPOUSE'S/DOMESTIC PARTNER'S PRIOR MARRIAGE(S)/STATE DOMESTIC PARTNERSHIP(S)					
Does your current spouse/ Domestic Partner have prior Marriage or State Domestic Partnership?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(1) Name of Prior Spouse:		Date of Marriage/Partnership:		Date of Death:	
Date of Separation:	County/State of Dissolution:		Date of Final Decree:		
(2) Name of Prior Spouse:		Date of Marriage/Partnership:		Date of Death:	
Date of Separation:	County/State of Dissolution:		Date of Final Decree:		

OTHER ITEMS

*Do you currently have a retirement application on file with LACERS? Yes No

If you have an application on file, it will be replaced by this ERIP Election Form if you are accepted for ERIP and do not rescind your ERIP Election Form. Your prior non-ERIP retirement application will then be void.

ERIP participants will be scheduled for group counseling. *Do you require an accommodation? Yes No

Hearing Impaired? Speech Impaired? Visually Impaired? Interpreter needed? What Language?

COLLECTION OF MISSING CONTRIBUTIONS

The retirement process includes a thorough review of your contributions. If LACERS determines you have missing contributions, the total outstanding amount will be deducted from your first allowance check. If the amount owed is over \$100, LACERS will notify you writing.

FUTURE ADJUSTMENTS

Due to the expected large numbers of ERIP participants and the abbreviated processing timeframe, miscalculations may occur requiring LACERS to adjust your retirement allowance at a later date. If your allowance requires an increase, LACERS will pay you all funds you are entitled to receive. In the event a correction involves an overpayment, by signing below you consent to offsets from your future benefits payments to allow LACERS to recoup any amounts overpaid.

ERIP RESCISSION PERIOD

You have the right to withdraw this application for retirement up to seven (7) calendar days from the date you receive written notification from the City that your retirement under the ERIP has been approved ("ERIP Approval Notice"). For purposes of the ERIP, "received" means the delivery of the ERIP Approval Notice to your address on file with LACERS. To rescind your application, you must submit a written notice of rescission, either by mail or in person, to the City Administrative Officer (CAO) on or before the expiration of the seven calendar day rescission period after you received an ERIP Approval Notice. Your right to rescind requires no explanation or justification on your part. Upon timely submission of your written rescission notice, your employment status will return to what it was immediately at the time you received the ERIP Approval Notice. If the CAO does not receive your written rescission notice by 4:00 p.m. of the seventh calendar day following the date you receive the ERIP Approval Notice, your election to retire under the ERIP will become irrevocable. Rescission of the ERIP Election Form shall automatically constitute rescission of your Severance Agreement.

SEVERANCE AGREEMENT

Your election to retire under ERIP is conditioned upon the CAO's receipt of your executed Severance Agreement, which constitutes a voluntary separation from service with the City and a waiver of certain rights in exchange for your receipt of the ERIP benefit package. Your executed Severance Agreement will not become final and binding unless and until the CAO approves your retirement under ERIP and the seven day rescission period expires. You must submit an executed Severance Agreement along with your Election Form. Please note that your retirement application cannot be approved until the CAO receives your executed Severance Agreement. Delays in submitting your executed Severance Agreement may negatively impact the ordering of your application in the event the total number of ERIP eligible filers exceeds 2,400, or if the ERIP limitation number for your employee classification is reached.

AGREEMENT TO ERIP TERMS AND CONDITIONS

By signing below, you are agreeing to all the terms and conditions of the ERIP as set forth in Los Angeles Administrative Code Section 4.1033. These provisions have been widely distributed and made available to you. It is your responsibility to review and be familiar with these provisions and to make sure that all your questions have been answered before you submit this form.

DISCLAIMER

The receipt of your ERIP Election Form by the Office of the CAO is not an acknowledgement of ERIP eligibility. Your eligibility to retire under the ERIP will be determined by the Office of the CAO and by LACERS.

SIGNATURE REQUIREMENT

Both the ERIP Election Form and the Severance Agreement require your signature. **If you elect to electronically submit your Election Form and Severance Agreement, you must also submit an Election Form and Severance Agreement with your original signature, either by e-mail, fax, mail or in person, to the CAO within the 45-day ERIP window period.** If the total number of ERIP eligible filers, plus the number of Grandfathered Participants actually receiving ERIP benefits, exceeds 2,400, the date and time your ERIP Election Form was electronically received by the CAO will be used to determine your order for purposes of determining whether you will be allowed to retire under the ERIP. Similarly, if the ERIP limitation number for your employee classification is reached, the date and time your ERIP Election Form was electronically received by the CAO shall be used to determine whether you will be allowed to retire under the ERIP.

SIGNATURE

By signing this document, you hereby voluntarily apply for retirement from the service of the City of Los Angeles under the Early Retirement Incentive Program as set forth in Los Angeles Administrative Code section 4.1033. (If you are submitting this electronically, you cannot sign below. You will need to submit an original signature as explained above.)

*Member:

*Date:

SEVERANCE AGREEMENT

I, _____, Employee # XXX-XX-
FIRST NAME, MIDDLE INITIAL, LAST NAME S.S.N. (Last Four Digits)

am employed as a _____ in _____
CLASSIFICATION DEPARTMENT/BUREAU

By my signature below, I hereby apply for voluntary separation from service with the City of Los Angeles ("City") under the terms and conditions of the Early Retirement Incentive Program ("ERIP"), which I have read and considered in its entirety, and which is an integral part of this Severance Agreement ("Agreement"). In exchange for valuable consideration from my employer, the City, as described below, I hereby agree, acknowledge, accept, and promise as follows:

1. Voluntary Separation

In exchange for certain compensation described in paragraph 2 below, I agree to retire from my employment with the City.

My effective date of separation will be determined by the City Administrative Officer ("CAO") under the terms of the City's ERIP as set forth in Los Angeles Administrative Code section 4.1033 ("ERIP Ordinance").

2. ERIP Benefit Package

In exchange for the promises I make in this Severance Agreement, the City will compensate me with the applicable benefit package described in the ERIP Ordinance. I acknowledge and agree that any benefits I am to receive will be made available only after the expiration of the "rescission period" described in paragraph 5 below.

3. Consideration Period/Advice of Counsel

I represent that before signing this Agreement, I have been advised to consult with an attorney of my own choosing in evaluating the ERIP and this Agreement, and have also been advised that I have forty-five (45) days to consider this Agreement. I expressly waive the forty-five (45) day period for consideration of this Agreement. No one acting on behalf of the City has pressured me in any way to accept or reject this Agreement.

4. Application and Approval

By my signature below and by my submission of an executed ERIP Election Form, I hereby apply for participation in the ERIP. I acknowledge and understand that this Agreement becomes final and binding only upon specific approval of my retirement pursuant to the ERIP (as determined by the CAO) and the expiration of the rescission period described in paragraph 5 below.

5. Rescission Period

I acknowledge and understand that I am free to rescind this Agreement up to seven (7) calendar days from the date I receive written notification from the City that my retirement under the ERIP has been approved ("ERIP Approval Notice"). To rescind this Agreement, I must submit written notice of rescission to the CAO. For purposes of the ERIP, "receive" means the delivery of the ERIP Approval Notice to my address on file with the Los Angeles Employees Retirement System ("LACERS").

My right to rescind prior to the expiration of the seven day rescission period is absolute and requires no explanation or justification on my part. Upon timely submission of my written rescission notice, my employment status will return to what it was immediately at the time I signed this Agreement. I understand and agree that if the CAO does not receive my written rescission notice on or before 4:00 PM, seven calendar days from the date I received the ERIP Approval Notice, this Agreement shall become effective and my separation date from the City will become permanent and irrevocable. Rescission of this Agreement shall automatically constitute rescission of my ERIP Election Form. I further agree that this Agreement shall be automatically rescinded if I rescind my ERIP Election Form.

6. ERIP Release and Waiver

I freely, voluntarily, completely and permanently release the City, its governing bodies, and all officials, employees, agents and any others acting for it (collectively, "Releasees"), from all claims resulting from my participation in the ERIP, including all federal, state, local, administrative, civil service, collective bargaining, and other claims.

I agree not to bring any grievance, arbitration, lawsuit or other proceeding against Releasees for claims resulting in any way from the City's offering and my accepting the ERIP Agreement and hereby waive any right to contest those claims in any forum. I understand that any action by me in violation of this promise may result in a civil suit against me for breach of this Severance Agreement.

I realize there may be known facts or claims which had they been known today, could affect my decision to sign this Severance Agreement. Unless waived, Civil Code Section 1542 protects such unknown claims for automatically being given up in a general release. It states:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR."

I knowingly and voluntarily waive the provisions of Civil Code Section 1542, and release the Releasees from any claims which would have been affected by that statute. This release and waiver extends to and is binding upon my heirs, executors, administrators, assigns, and my community estate.

By signing the Severance Agreement to participate in the ERIP, I also waive any claim or right I have to challenge the ERIP on age discrimination or other grounds under the Age Discrimination in Employment Act (ADEA), Age Discrimination in Employment Act of 1967, as amended, 29 United States Code §621 *et. seq.*; Section 504 of the Rehabilitation Act of 1973, as amended, 29 United States Code §701, *et. seq.*; Title VII of the Civil Rights Act, as amended, 42 United States Code §2000e, *et. seq.*; the Americans with Disabilities Act, 42 United States Code §12101, *et. seq.*; the California Fair Employment and Housing Act, as amended, California Government Code §12940, *et. seq.*; Sections 1981 and 1983 of Title 42 of the United States Code, and the California and United States Constitutions.

I represent that before signing this Severance Agreement, I have been advised to consult with an attorney of my own choosing regarding the release of such claims, and have been advised that I have forty-five (45) days to consider this Severance Agreement and seven (7) calendar days after the date of notification by the CAO that my retirement under the ERIP has been approved to revoke this Severance Agreement. I expressly waive the 45 day period for consideration of this Severance Agreement.

7. Severability

If any part of this Agreement or its operation is found to be invalid, that finding does not negate any other provision(s) or operation(s) of the Agreement which can be given effect.

8. Signature

I have read, considered and understand the information presented above. I have received and reviewed a true copy of the ERIP Ordinance. I also understand my right to consult with an attorney prior to signing this Agreement. By my signature below, I enter this Agreement freely, knowingly, voluntarily, and without coercion or duress of any kind.

Note: The signature and date fields are not used during electronic submission, but all ERIP filers must provide a signed form to the CAO within the 45-day ERIP application window. The copy of the form with the actual signature can be delivered in person to the CAO, faxed, or mailed or can be scanned and emailed.

*DATED

*EMPLOYEE'S SIGNATURE

The CAO will arrange for the following signature

The foregoing Agreement to participate in the City's ERIP is approved:

DATED

GENERAL MANAGER'S SIGNATURE