



EARLY RETIREMENT INCENTIVE PROGRAM

Fiscal Year 2009-2010

Informational Booklet

ERIP Website: erip.lacity.org

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PROGRAM ELIGIBILITY

What

The Early Retirement Incentive Program (“ERIP”) is an early retirement window that was negotiated with bargaining units representing members of the Los Angeles City Employees’ Retirement System (“LACERS”). The program intends to reduce annual ongoing City payroll costs by providing incentives for eligible LACERS members to retire in the form of retirement benefit enhancements and/or separation pay incentives. The goal of the ERIP is to separate 2,400 employees from City service as quickly as possible.

Additional information about ERIP may be obtained by visiting the City’s ERIP website at erip.lacity.org (see Contact Information section on page 19).

Who

ERIP provides retirement benefit enhancements, separation pay incentives, or a combination of both to eligible LACERS members. **This offer is available only to certain classifications of employees. The list of the eligible classifications is available at the City’s ERIP website at erip.lacity.org.** In addition, the number of available ERIP packages is limited for certain classifications. The list of the limited classifications is available at the City’s ERIP website at erip.lacity.org.

Only eligible LACERS members will be allowed to retire under ERIP. Members of the Department of Water and Power Employees’ Retirement Plan and/or the Los Angeles Fire and Police Pension System cannot retire under ERIP.

Enrollment in ERIP is limited and will be determined on a first-come-first-served basis. In addition, for employees in a limited classification the earliest initial date of LACERS membership will be used to determine eligibility.

When

An ERIP Election Form and Severance Agreement may be submitted to the City Administrative Officer (“CAO”) during the enrollment period, which runs from **8:00 a.m. on Monday, November 2, 2009, through 5:00 p.m. on Wednesday, December 16, 2009**. The ERIP Election Form and Severance Agreement will only be accepted during the enrollment period. Any ERIP Election Forms and Severance Agreements received before or after the enrollment period will not be processed. If you apply for ERIP and are approved to receive the ERIP package, you must retire on a date determined by City management.

How

To take advantage of ERIP and voluntarily leave City service, you must first complete and timely submit both an ERIP Election Form and a Severance Agreement. Copies of the ERIP Election Form and the Severance Agreement are provided in Appendix A and Appendix B of this document. The ERIP Election Form and Severance Agreement may be submitted to the CAO by any of the following methods once the enrollment period opens at 8:00 a.m. on November 2nd:

- 1) **Internet** – You may submit the ERIP Election Form and Severance Agreement electronically via the internet at any time (24 hours/day, 7 days/week) during the enrollment period by accessing the City’s ERIP website at erip.lacity.org. **To access the electronic filing system, you will need both your Employee Identification number and the last four digits of your Social Security number.**

It is highly recommended that you submit the ERIP Election Form and Severance Agreement electronically due to the limited number of available ERIP packages.

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 email, fax, mail or in person, to the CAO within the 45-day enrollment period.

- 2) **Email** – You may email a copy of the ERIP Election Form and Severance Agreement at any time (24 hours/day, 7 days/week) during the enrollment period. The City’s ERIP email address is erip@lacity.org.
- 3) **Fax** – You may fax a copy of the ERIP Election Form and Severance Agreement at any time (24 hours/day, 7 days/week) during the enrollment period. The City’s ERIP fax number is (213) 978-7613.
- 4) **Mail** – You may submit the ERIP Election Form and Severance Agreement via U.S. mail during the enrollment period. The completed ERIP Election Form and Severance Agreement must be received by the CAO during the enrollment period (a postmark is not sufficient). The City is not responsible for any lost mail. The ERIP mailing address is:

City Administrative Officer
Employee Relations Division
200 North Main Street
Room 1200
Los Angeles, CA 90012

- 5) **In Person** – It is highly recommended that you submit the ERIP Election Form and Severance Agreement via the City's ERIP website (erip.lacity.org). If you need to submit your ERIP Election Form and Severance Agreement in person, you may do so at the following locations on the days and times listed below:

City Hall East
200 North Main Street
Room 1200
Los Angeles, CA, 90012

Hours: 8:00am – 5:00pm beginning Monday, November 2, 2009
through Wednesday, December 16, 2009
(Open weekdays only, excluding City holidays)

Although the option to submit the ERIP Election Form and Severance Agreement in person is not available after working hours, on weekends, and during the City holidays on November 11th, 26th, and 27th, you may submit these documents via the internet (electronically), email, fax or mail.

If at all possible, you should personally sign all ERIP documents. However, if you need to authorize someone to sign on your behalf, you may use the Limited Power of Attorney (for ERIP related purposes only) document which may be obtained at erip.lacity.org for this purpose. Or, if you have an existing Power of Attorney document, that may suffice. A copy of your Power of Attorney document must be submitted to the CAO and reviewed by the City Attorney's Office before the signature of your agent will be accepted on any ERIP related document. The City Attorney's Office reviews each Power of Attorney form in order to make sure it has been correctly filled out and is legally sufficient to authorize your agent to act on your behalf for ERIP purposes.

RETIREMENT PROCESS

To apply for ERIP, you must complete and timely submit the following documents to the CAO during the enrollment period:

- ERIP Election Form (see Appendix A) – The time of your enrollment will be based on the receipt of this form.
- Severance Agreement (see Appendix B) – You cannot be approved for ERIP until this form has also been submitted and signed.

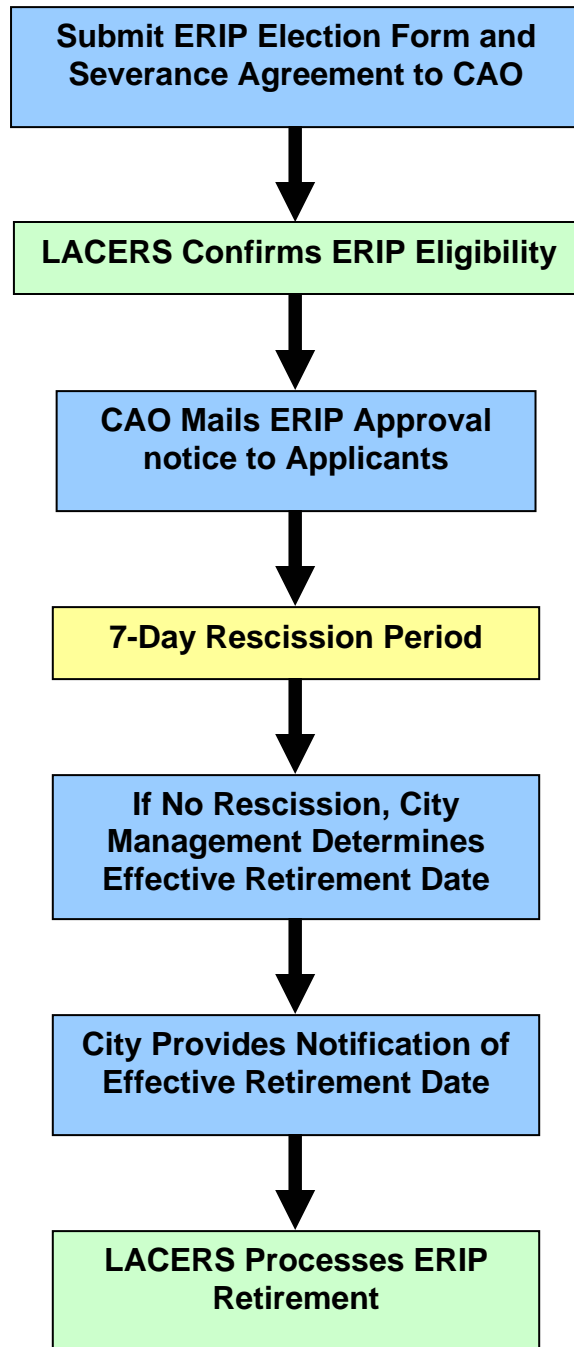
Your completed ERIP Election Form will be forwarded to LACERS to confirm your eligibility. The CAO will notify you in writing, via mail sent to the mailing address you provide on the ERIP Election Form, whether your ERIP retirement has been approved or not.

If you are approved and decide you do not want to retire under ERIP, then you must submit a written notice to withdraw your application (written notice of rescission) to the CAO within seven (7) calendar days from the date you received written notification that your ERIP retirement has been approved (“ERIP Approval Notice”). For purposes of ERIP, “received” means the delivery of the ERIP Approval Notice to your address on file with LACERS. 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 ERIP will become irrevocable. A copy of a written notice of rescission is provided in Appendix C of this informational booklet.

If your ERIP retirement has been approved and you do not rescind, then LACERS will process your retirement application. You will be contacted by LACERS to submit additional required documents. Please see the list of required LACERS documents at:

www.lacers.org/ActiveMembers/PlanningToRetire/Required_Documents.pdf

RETIREMENT PROCESS FLOWCHART



THE INCENTIVE OFFER

The Early Retirement Incentive Program (ERIP) provides incentives in the form of retirement benefit enhancements and/or separation payments. The incentives are dependent on eligibility of the LACERS member. There are five distinct groups of benefits, each with their own unique incentives and eligibility criteria. A description of each group is as follows:

Group 1 includes only those LACERS members who already qualify for a normal (unreduced) retirement with less than 33 years of Service and are at least 55 years of age. These employees would receive three years of Service and Service Credit, and a \$15,000 separation payment.

Group 2 includes only those LACERS members who do not currently qualify for a normal (unreduced) retirement and who have at least 33 years of Service but have not reached age 55. These employees would receive sufficient age credit to receive a normal (unreduced) retirement, three years of Service and Service Credit, and a \$15,000 separation payment.

Group 3 includes only those LACERS members who do not currently qualify for a normal (unreduced) retirement. These employees have less than 33 years of Service and are within five years of age credit and/or both Service and Service Credit to achieve a normal (unreduced) retirement. These employees would receive a minimum of three years and a maximum of five years of age credit and/or both Service and Service Credit to receive a normal (unreduced) retirement and/or to enhance a retirement benefit in addition to a \$15,000 separation payment.

Group 4 includes only those LACERS members who already qualify for a normal (unreduced) retirement with a minimum of 33 years of Service and are at least age 55. These employees would receive a separation payment of \$1,000 for each year of Service.

Group 5 includes only those LACERS members who do not currently qualify for a normal (unreduced) retirement. These employees lack more than five years of age (in order to meet age qualification for a benefit) and/or more than 5 years of Service, were hired by the City prior to 1983 and currently have a portion of their employee contribution defrayed by the City. These employees would receive five years of Service and Service Credit to receive an early or reduced retirement and a \$15,000 separation payment.

ERIP 1% Reduction - An “ERIP 1% Reduction” shall apply to all members retiring under ERIP (excluding Group 4 members). This means the retirement allowance for each person receiving ERIP benefits will be reduced by 1%. For members of Groups 1, 2 and 3, the member’s actual retirement allowance will be calculated as follows:

$$[\text{Final Compensation} \times \text{ERIP-enhanced Service Credit} \times \text{Retirement Factor (2.16\%)}] \times 0.99$$

For members of Group 5, the member’s actual retirement allowance will be calculated as follows:

$$[\text{Final Compensation} \times \text{ERIP-enhanced Service Credit} \times \text{Retirement Factor (2.16\%)}] \times [\text{Reduction Factor}] \times 0.99.$$

If you are interested in receiving an estimate of what benefit group you would likely qualify for under ERIP, please visit the City’s ERIP website at erip.lacity.org and click on the ERIP Calculator link.

DISBURSEMENT OF FUNDS

Severance and Separation Payments

Each ERIP retiree will receive a “severance payment” in the amount that would have been his/her accumulated sick leave and vacation time under a standard, non-ERIP retirement. In addition, each ERIP retiree will receive a “separation payment” based on the member’s eligibility under the group benefit descriptions defined in the Incentive Offer section. The severance payment and separation payment shall constitute a Bona Fide Separation Pay Plan under Internal Revenue Code Section 457(e)(11).

The severance payment and separation payment will be combined and paid out over two separate calendar years, with the first payment anticipated to be paid out during fiscal year 10/11 and the second payment anticipated to be paid out during fiscal year 11/12. It is anticipated the payment dates will coincide with the anniversary of the effective retirement date of the individual employee.

The total amount of the severance payment and the separation payment cannot exceed two (2) times annual compensation, subject to the limitation (\$245,000 for 2009) under Internal Revenue Code Section 401(a)(17). Any tax liabilities arising from these payments shall be the sole responsibility of the employee.

Tax Considerations

Any tax liabilities arising from the severance payment and separation payment are solely your responsibility. Your severance payment and separation payment is taxable in the calendar year in which it is paid to you and is subject to withholding for taxes. The current withholding tax rates are 25 percent Federal, 6.6 percent State, and FICA tax (if applicable). Since the tax consequences of accepting the ERIP vary with each individual, you are encouraged to consult with your tax advisor and/or financial planner for specific impacts.

INCENTIVE WORKSHEETS

The following worksheets provide examples of how the ERIP incentives are calculated for each group benefit.

GROUP 1 EXAMPLE:

Age:	55
Service Credit:	30
Monthly Salary:	\$4,167
Retirement (Percentage of Pay):	64.8%

ERIP Offer:

- 3 Years of Service Credit
- \$15,000 Separation Pay

Retirement Without ERIP:

Retirement Allowance:	\$2,700/month
City Subsidy for Health Plan:	\$1,120/month*
City Subsidy for Dental Plan:	\$36.16/month*

Retirement Under ERIP

Retirement (Percentage of Pay):	71.28%
ERIP Reduction Factor:	0.99
Retirement Allowance:	\$2,940/month
City Contribution to Health Plan:	\$1,120/month*
City Contribution to Dental Plan:	\$36.16/month*
Separation Pay:	\$15,000

- * The retiree health care subsidy varies depending on the retiree's years of Service/Service Credit, the plan selected, and the number of dependents covered. The \$1,120/month is the current maximum City subsidy for retiree health. Effective January 1, 2010, the maximum subsidy for retiree health will increase to \$1,123/month. The \$36.16/month is the current maximum City subsidy for retiree dental.

GROUP 2 EXAMPLE:

Age:	50
Service Credit:	33
Monthly Salary:	\$4,167
Retirement (Percentage of Pay):	71.28%

ERIP Offer:

- Age credit to reach a normal (unreduced) retirement
- 3 Years of Service Credit
- \$15,000 Separation Pay

Retirement Without ERIP:

Retirement Allowance:	\$2,301/month
Early Retirement Reduction:	0.775
City Contribution to Health Plan:	N/A*
City Contribution to Dental Plan:	N/A*

Retirement Under ERIP

Retirement (Percentage of Pay):	77.76%
ERIP Reduction Factor:	0.99
Retirement Allowance:	\$3,207/month
City Contribution to Health Plan:	\$1,120/month**
City Contribution to Dental Plan:	\$36.16/month**
Separation Pay:	\$15,000

* To be eligible to receive a health subsidy retirees must be at least age 55 (age credit granted pursuant to the ERIP counts toward the retiree health subsidy).

** The retiree health care subsidy varies depending on the retiree's years of Service/Service Credit, the plan selected, and the number of dependents covered. The \$1,120/month is the current maximum City subsidy for retiree health. Effective January 1, 2010, the maximum subsidy for retiree health will increase to \$1,123/month. The \$36.16/month is the current maximum City subsidy for retiree dental.

GROUP 3 EXAMPLE:

Age:	53
Service Credit:	30
Monthly Salary:	\$4,167
Retirement (Percentage of Pay):	64.8%

ERIP Offer:

- Minimum of 3 years and maximum 5 years of age credit and/or Service Credit to reach a normal (unreduced) retirement
- \$15,000 Separation Pay

Retirement Without ERIP:

Retirement Allowance:	\$2,335/month
Early Retirement Reduction:	0.8650
City Contribution to Health Plan:	N/A*
City Contribution to Dental Plan:	N/A*

Retirement Under ERIP

Retirement Factor:	66.96%
ERIP Reduction Factor:	0.99
Retirement Allowance:	\$2,762/month
City Contribution to Health Plan:	\$1,120/month**
City Contribution to Dental Plan:	\$36.16/month**
Separation Pay:	\$15,000

* To be eligible to receive a health subsidy retirees must be at least age 55 (age credit granted pursuant to the ERIP counts toward the retiree health subsidy).

** The retiree health care subsidy varies depending on the retiree's years of Service/Service Credit, the plan selected, and the number of dependents covered. The \$1,120/month is the current maximum City subsidy for retiree health. Effective January 1, 2010, the maximum subsidy for retiree health will increase to \$1,123/month. The \$36.16/month is the current maximum City subsidy for retiree dental.

GROUP 4 EXAMPLE:

Age:	60
Service Credit:	35
Monthly Salary:	\$4,167
Retirement (Percentage of Pay):	75.6%

ERIP Offer:

- \$1,000 Separation Pay per year of service

Retirement Without ERIP:

Retirement Allowance:	\$3,150/month
City Contribution to Health Plan:	\$1,120/month*
City Contribution to Dental Plan:	\$36.16/month*

Retirement Under ERIP

Retirement (Percentage of Pay):	\$3,150/month
City Contribution to Health Plan:	\$1,120/month*
City Contribution to Dental Plan:	\$36.16/month*
Separation Pay:	\$35,000

- * The retiree health care subsidy varies depending on the retiree's years of Service/Service Credit, the plan selected, and the number of dependents covered. The \$1,120/month is the current maximum City subsidy for retiree health. Effective January 1, 2010, the maximum subsidy for retiree health will increase to \$1,123/month. The \$36.16/month is the current maximum City subsidy for retiree dental.

GROUP 5 EXAMPLE:

Age:	50
Service Credit:	25
Monthly Salary:	\$4,167
Retirement (Percentage of Pay):	N/A without ERIP

ERIP Offer:

- 5 years of Service Credit
- \$15,000 Separation Pay

Retirement Without ERIP:

Retirement Allowance:	N/A
Early Retirement Reduction:	N/A
City Contribution to Health Plan:	N/A*
City Contribution to Dental Plan:	N/A*

Retirement Under ERIP

Retirement (Percentage of Pay):	64.8%
Retirement Allowance:	\$2,071/month
Early Retirement Reduction:	0.775
ERIP Reduction Factor:	0.99
City Contribution to Health Plan:	N/A**
City Contribution to Dental Plan:	N/A**
Separation Pay:	\$15,000

* To be eligible to receive a health subsidy retirees must be at least age 55.

** The retiree health care subsidy varies depending on the retiree's years of Service/Service Credit, the plan selected, and the number of dependents covered. The \$1,120/month is the current maximum City subsidy for retiree health. Effective January 1, 2010, the maximum subsidy for retiree health will increase to \$1,123/month. The \$36.16/month is the current maximum City subsidy for retiree dental.

IF YOU RETIRE...

If you choose to retire from the City and take advantage of ERIP, you must submit a completed and signed ERIP Election Form and Severance Agreement as provided in this informational booklet to the CAO during the 45-day enrollment period. The ERIP enrollment period and retirement process is described in pages 3-7 of this informational booklet.

Early Retirement Incentive Program Offer (ERIP)

The incentives offered under ERIP are described on pages 8-9 of this informational booklet. If you qualify for ERIP, then you will be eligible to receive the incentives depending upon the benefit group you qualify under. Any age credit and/or Service Credit provided under ERIP will count towards your retirement eligibility, retirement allowance and retirement health benefits eligibility and/or subsidy amount.

Basic Non-ERIP Retirement Eligibility

LACERS members who choose to retire must meet one of the following requirements to be eligible for a normal (unreduced) non-ERIP retirement allowance:

- Age 55 or older with at least 30 years of City Service*
- Age 60 or older with at least 10 years of Continuous Service*
- Age 70 or older regardless of your length of City Service

* At least 5 years of Continuous Service must come from City employment and/or service recognized under full reciprocity.

During the ERIP enrollment period, LACERS shall not accept a non-ERIP retirement application from a person eligible for ERIP.

Early Retirement Reduction Factor (Group 5 only)

If you apply for ERIP and are approved under the Group 5 benefit, your retirement allowance will be reduced by an Early Retirement Reduction Factor. For further information regarding the Early Retirement Reduction Factors, please contact LACERS at (213) 473-7200 or visit the LACERS website at www.lacers.org.

Additional Service Credit Purchased or Reciprocity

For ERIP eligibility purposes, any Service Credit purchases and reciprocal service must have been finalized prior to the opening of the ERIP enrollment period. If you have purchased additional Service Credit and/or have reciprocal time certified by a reciprocating system, it may count toward your retirement eligibility and increase your retirement allowance and health subsidy.

Service Credit purchases may have included:

- Government Service Buybacks (GSB)
- Re-deposits
- Back Contributions
- Public Service Buybacks

Any Service Credit purchased under the Government Service Buyback program, Public Service Buybacks, and/or reciprocal time certified by a reciprocating system shall not be included in the calculation of the Separation Payment for Group 4 members.

For further information regarding additional Service Credit you have purchased, please contact LACERS at (213) 473-7200.

Leave of Absence

If you occupied a City position (excluding DWP) as of the opening of the ERIP enrollment period, you may be eligible to apply for ERIP, provided you meet the agreed upon package criteria and you are currently on a leave of absence for any of the following reasons:

- Sick Leave/Disability
- Workers' Compensation - both receiving and not receiving disability benefits
- Disciplinary Suspension

If you occupied a City position (excluding DWP) as of the opening of the ERIP enrollment period and are currently on a voluntary, approved personal, educational, family, or military leave of absence, you may also be eligible to apply for ERIP provided you meet the agreed upon package criteria and your request to return to work prior to the expiration of the leave of absence is approved by your department's general manager.

If you are on a voluntary, approved personal leave, you will be required to return to the payroll for at least one day during the 45-day enrollment period in order to be considered active and therefore qualified for the package. Your request to return to work prior to the expiration of your personal leave of absence will be considered by your department's general manager.

Health and Dental Plan Coverage

Any age credit and/or Service Credit received from ERIP may count towards your retiree health and dental eligibility. If you retire under ERIP, you may be eligible for a retiree medical plan and/or dental plan subsidy if you:

- Are age 55 or older (including ERIP age credit)
- Have at least 10 years of Service (including ERIP Service)
- Have at least 10 years of Service Credit (for some part-time members only, includes ERIP Service Credit)
- Are enrolled in a LACERS-sponsored medical plan or a participant in the Medical Premium Reimbursement Program

If you retire and are receiving a monthly Retirement Allowance, you may be eligible to participate in a LACERS medical and/or dental plan. To receive coverage from a LACERS medical and/or dental plan, you and your eligible dependents must enroll in a plan within the specified timeframes.

For more information about retiree health and dental plan coverage, please contact LACERS at (213) 473-7200 or visit the LACERS website at www.lacers.org.

CONTACT INFORMATION

ERIP Website: erip.lacity.org
ERIP Email: erip@lacity.org
ERIP Telephone: (213) 473-3231 or 3-1-1 (within Los Angeles)
ERIP Fax: (213) 978-7613
ERIP Mail: City Administrative Officer
Employee Relations Division
200 North Main Street
Room 1200
Los Angeles, CA 90012

For Benefit Information:

Los Angeles City Employees' Retirement System (LACERS)
360 East Second Street, 2nd Floor
Los Angeles, CA 90012
www.lacers.org
(213) 473-7200 or (800) 779-8328

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APPENDIX A

ERIP ELECTION FORM

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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:

APPENDIX B

SEVERANCE AGREEMENT

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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

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APPENDIX C

ERIP RESCISSION FORM

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ERIP RESCISSION FORM

To: City Administrative Officer
Employee Relations Division
City Hall East
200 North Main Street, Room 1200
Los Angeles, CA 90012

I certify that this rescission is made on or before 5:00 p.m. on _____.
I understand that if this rescission was not in fact received by the City Administrative Officer, Employee Relations Division, Room 1200, City Hall East, on or before 5:00 p.m. on _____, it is null and void, and will be rejected on that basis.

I further acknowledge that, by rescinding my original agreement to leave City service, I give up any and all entitlement to any consideration, including monetary consideration, offered under the Early Retirement Incentive Program ("ERIP"). I hereby certify that I have not received any benefit or consideration of any kind under the ERIP.

EMPLOYEE NAME (PRINTED)

EMPLOYEE ID NUMBER

EMPLOYEE SIGNATURE

DATE