

**PENSION CHOICE COVERED COMPENSATION LIMIT FOR  
RECIPROCAL CALPERS CLASSIC MEMBERS**  
**UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP)**  
UBEN 300 (3/25) University of California Retirement Administration Service Center

Mail completed form to: Retirement Administration  
Service Center (RASC)  
P.O. Box 24570  
Oakland, CA 94623-1570  
Fax to: 800-792-5178

Please submit this form, **within 90 days** of your Pension Choice election. This form advises RASC that your Covered Compensation is **not** subject to the California Public Employees' Pension Reform Act (PEPRA) compensation limit due to your status as a Classic CalPERS member eligible for UCRP/CalPERS Reciprocity.

Completing this form does not constitute a request to establish UCRP/CalPERS Reciprocity. You must submit a separate form to request and elect reciprocity. Information about reciprocity and the *Election of Reciprocity* form (UBEN 157) are included in the *UCRP/CalPERS Reciprocity Fact Sheet*, which is available online at [ucal.us/reciprocity](http://ucal.us/reciprocity).

**Note:** Eligible covered compensation used to determine contribution amounts and benefits under Pension Choice (UC Retirement Plan or UCRP) is subject to a Covered Compensation Limit (CCL). Depending on a member's initial UC hire date, the CCL is either the Internal Revenue Code limit (IRC limit) or a limit equivalent to the maximum on pensionable compensation mandated by the California Public Employees' Pension Reform Act (PEPRA maximum), which is lower than the IRC limit. The CCL is equivalent to the PEPRA maximum for most employees hired as UC employees for the first time on or after July 1, 2016. However, the CCL is the IRC limit for employees enrolled in Pension Choice who were CalPERS Classic members **and** are eligible for UCRP/CalPERS Reciprocity, **only if this form is submitted within 90 days of a Pension Choice election.**

**PERSONAL INFORMATION**

NAME (Last, First, Middle Initial)	UCPATH ID OR SOCIAL SECURITY NUMBER	BIRTHDATE
EMAIL ADDRESS	CAMPUS/LOCATION	DAYTIME PHONE

**1. Are you eligible for UCRP/CalPERS Reciprocity? (Answering "Yes" does not constitute a request to establish UCRP/CalPERS Reciprocity.)**

- a. Did you leave your contributions on deposit with CalPERS? ☐ YES ☐ NO
- b. Date you began your employment covered by CalPERS: \_\_\_\_\_
- c. Date you terminated your employment covered by CalPERS: \_\_\_\_\_
- d. Date you began your UCRP-eligible employment: \_\_\_\_\_

- ☐ YES ► You left your contributions on deposit with CalPERS and the elapsed time between the dates in 1c and 1d is 180 days or less. Continue to question 2.
- ☐ NO ► You did not leave your contributions on deposit with CalPERS **and/or** the elapsed time between the dates in 1c and 1d is more than 180 days. You are not eligible for UCRP/CalPERS Reciprocity; therefore, your CCL is equivalent to the PEPRA maximum. You do not need to complete and return this form. No further action is required on your part.

**2. Were you a CalPERS Classic Member when your employment ended on the date in 1c above?**

To have been a CalPERS Classic Member you must have:

- a. Become a CalPERS member prior to January 1, 2013, **OR**
- b. Become a member of a reciprocal California public retirement system prior to January 1, 2013 and been eligible for reciprocity when you became a member of CalPERS, **AND**
- c. Not been rehired by a different CalPERS employer after a break in service of greater than six months. (Note that all State agencies, including California State University, are considered the same employer as are all public school employers.)

- ☐ YES ► You are eligible for UCRP/CalPERS Reciprocity **and** were a Classic CalPERS member. Your CCL is the IRC limit provided you sign the self-certification statement at the bottom of this form and return the form within 90 days of Pension Choice election.
- ☐ NO ► You were not a Classic CalPERS member and your CCL remains the PEPRA maximum. You do not need to complete and return this form. No further action is required on your part.

**SIGNATURE**

I hereby certify that the foregoing information is correct. I understand that the information will be verified with CalPERS and my CCL will be changed if necessary. I also understand that a change in my CCL could result in an adjustment of my UCRP contributions and benefit accruals and my Defined Contribution Plan Supplemental Benefit contributions (if any), on both a retroactive and prospective basis.

Completing this form does not constitute a request to establish UCRP/CalPERS Reciprocity. Information about reciprocity and the *Election of Reciprocity* form (UBEN 157) are included in the *UCRP/CalPERS Reciprocity Fact Sheet*, which is available online at [ucal.us/reciprocity](http://ucal.us/reciprocity).

EMPLOYEE SIGNATURE	DATE
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RETN: Pending

**SEE REVERSE FOR PRIVACY NOTIFICATIONS**

## **PRIVACY NOTIFICATIONS**

### **STATE**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

### **FEDERAL**

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.