

## **Membership Application for Exempt Employees**

Use this form to elect to become a member of the Seattle City Employees' Retirement System (SCERS). Once completed and signed, you may return the form with any applicable attachments by emailing it to <a href="retirecity@seattle.gov">retirecity@seattle.gov</a>, by faxing it to 206.386.1506, by mailing it to SCERS, 720 Third Avenue, Suite 900, Seattle, WA 98104 or by sending the document(s) via secure message on your Member Self-Service account. You can also place documents in the City of Seattle Payment drop box located at Seattle Municipal Tower. Please place your document(s) in a sealed envelope with "Attention Retirement" written on it.

Today's Date

## **Member Information**

Name (First, Middle Initial, Last)

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Department	Daytime Phone Number	Employee Number
Employees' Retirement System. Enro	Illment in Seattle City Employees' F hip at any time during your employn	elect to become a member of the Seattle City Retirement System is optional for exempt ment with the City. If you elect to become a the future.
If you have not worked for the City of have an opportunity to enroll in SCER		u will be enrolled in SCERS Plan 2 and will not
will be enrolled in SCERS Plan 1 and SCERS Plan 1 after electing to join S submit a SCERS Plan 2 Notice and E be found on SCERS's website at		

Seattle City Employees' Retirement System, Jeffrey S. Davis, Executive Director

720 Third Avenue, Suite 900, Seattle, Washington 98104

Tel: 206.386.1293 Toll Free: 877.865.0079 Fax: 206.386.1506

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