

Title
RECIPROCITY
ELECTION FORM - CITY
OF SAN JOSE

Document No. Form RP- 8

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Note: You can claim Reciprocity anytime prior to retirement, but you must claim it with each reciprocal system.

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☐ I hereby request Reciprocity between the following agency and the City of San Jose.		
PERS/Reciprocal Agency:		
Police member	Fire member	Federated member
in two reciprocal retires	ment systems. In addition months. If your transfer was	you must <b>not</b> have concurrent service, your transfer between systems must was before January 1, 1976, then the
- · · · ·	te that once Reciprocity i	inary. Final eligibility is determined at is claimed, you may not withdraw
	reciprocity you should co	es. This form is only for San Jose ntact the reciprocal agency and
Please complete	e and return this form to:	
Department of I 1737 N. First St San Jose, CA. 9		
Print Name:		Phone#:
Social Security#:		
Signature:		Date: