Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

30 Year One-Time Cash Payment Agreement

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name		Position Title
Department ID		**Pay Period to Begin Benefit**	**Pay Date to Begin Benefit**	**Telephone**

Refer to 30 Year One-Time Cash Payment procedure for further information.

Eligibility Criteria - A one-time opportunity to receive cash payments in the amount specified in the applicable Memorandum of Understanding (MOU) or Compensation Plan for 26 consecutive pay periods is available if the employee meets the following criteria:

- Must have completed at least 25 years of service credit, including reciprocity, as defined in the applicable MOU or Compensation Plan **AND**
- Must have attained at least 30 years of service credit, including reciprocity, prior to submission of this form.

30 Year One-Time Cash Payment Agreement

I understand, accept and agree to the following terms and conditions:

- I understand that upon attaining 30 years of service credit and thereafter, I can elect only **ONE** time during my County employment, to receive cash payments in the amount specified in the applicable MOU or Compensation Plan for up to 26 consecutive pay periods.
- I understand that the cash payments I receive shall be considered compensation earnable for purposes of calculating benefits or contributions for the San Bernardino County Employees' Retirement Association (SBCERA).
- I understand that the County of San Bernardino recommends that I consult with the SBCERA prior to signing this agreement to verify retirement eligibility.
- I understand that for tax purposes, this benefit will be taxable income.
- I understand this form must be submitted directly to EMACS HR at least **15 working days** prior to desired pay date.

Employee Signature	Date

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30 Year One-Time Cash Payment Employer Acknowledgement

- I acknowledge the employee is requesting the one-time cash payment benefit.

Department Head (Print & Sign)	Date

EMACS-HR Office Use Only - Employee Eligibility Verification					
Unit/Group	**25 Years of Service Credit Validated as of (date)** _____ **# of Years Validated in EMACS** _____ **# of Years of Reciprocity Validated** _____				
30 Years of Service Credit Validated as of (date) _____ **# of Years Validated in EMACS** _____ **# of Years of Reciprocity Validated** _____		**PP Begin Date**	**PP End Date**	**EMACS-HR (Keyed By)**	**Date**

DISTRIBUTION: Original - EMACS HR (0030)