SISC DEFINED BENEFIT PLAN

Request for Benefit Payment

This form is to be completed by the SISC Defined Benefit Plan participant (employee). When you cease employment with all participating districts, you need to complete a Request for Benefit Payment form in order to receive your benefit payment. The completed form must be returned to SISC. You may fax it to our office or use the mailing address provided below. Please keep a copy for your records. **BENEFITS CANNOT BE PAID UNTIL THE SISC OFFICE RECEIVES YOUR SIGNED REQUEST FOR BENEFIT PAYMENT FORM. PLEASE CALL OUR OFFICE BEFORE JANUARY 10TH TO CONFIRM SISC RECEIVED YOUR SIGNED FORM.**

After your form has been received, SISC will send you additional information in February about your benefit payment. Lump sum distributions occur only once a year, within 60 days after December 31. **Request for Benefit Payment forms must reach the SISC office by January 10th in order to be eligible for the next distribution.**

Benefit payments are only issued once each year.

TYPE OR PRINT CLEARLY

Your Name: _____
Last **First** **Middle**

Social Security Number: _____ **Date of Birth:** _____

ANSWER THE FOLLOWING QUESTIONS:

Yes	No	
☐	☐	**I'm over age 62 (entitled to in-service distribution).**
☐	☐	**Are you still working for the school district? If no, answer question below.**

When was your last day of work for the school district? _____

My current address is: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Email Address: _____

I certify under penalty of perjury that the foregoing is true and correct. I further certify that I am no longer working for a participating district or I am over age 62.

Employee's Signature: _____ **Date:** _____

PLEASE MAKE A COPY FOR YOUR RECORDS - Call to confirm SISC received signed form

MAILING ADDRESS:
SISC Defined Benefit Plan
P.O. Box 1808
Bakersfield, CA 93303-1808

Physical/Street Address:
SISC Defined Benefit Plan
2000 K Street – 5th Floor
Bakersfield, CA 93301

(661) 636-4602 – (800) 972-1727 – Fax: (661) 636-4063 – Email: siscdbp@kern.org

http://sisc.kern.org/dbp

A Joint Powers Agreement administered by the Kern County Superintendent of Schools Office
Mary C Barlow, Superintendent