

Retiree Medical Contribution Predetermination Form

Please Note: It may take up to two weeks to complete the predetermination. Your determination will be sent to your email address listed below. Return completed form to the Human Resources Benefits Unit at benefits@sonoma-county.org.

Employee Information

Last Name	First Name	Middle Name
Previous Names Used During Employment		Employee ID
<input type="checkbox"/> N/A		
Primary Phone	Alternate Phone	Email Address
<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Home	
Estimated Retirement Date		

Employment History

Was there any time during your employment with the County of Sonoma that you were not a contributing member of the Sonoma County Employees' Retirement Association (SCERA) (e.g., extra help and leave without pay)?

Yes No

If yes, please list reason and dates:

Did you purchase service time?

Yes No

If yes, what date did you initiate the purchase?