



11125 River Run Blvd
Bakersfield, CA 93311
661.381.7700
www.kcera.org

Subject: Retirement Application Packet

Dear Member:

Congratulations on your pending retirement! Please read through the attached forms and instructions carefully. Once you have completed the packet in its entirety, please submit to the KCERA office. You may submit your application within 120 days or less (4 months) from your elected date. Please be advised that KCERA cannot backdate your application, therefore we must receive the completed packet before your elected and eligible retirement date.

- ✓ **Retirement Application** – Please complete all applicable items.
- ✓ **Authorization Agreement Direct Deposit Form** – You must complete this form in order to have your benefit electronically deposited into your bank account. For KCERA to setup your direct deposit, you must include a voided check or an account verification form from your financial institution.
- ✓ **Tax Withholding Forms** – Your benefit from KCERA is subject to federal and state income taxes. KCERA will withhold funds for these taxes based on the elections you choose on the required forms. For non-California residents: KCERA will not withhold state taxes.
*Please be advised that KCERA staff cannot provide tax advice. You must contact a tax professional for direction and information on how to complete the required forms as well as the amount of taxes you should have withheld.
- ✓ **Beneficiary Designation Form** – You must complete this form to elect and/or amend your beneficiary information. If you are adding a spouse, you must provide a copy of your marriage license. If you are removing a spouse, you must provide either a death certificate or a complete copy of your divorce documents, including the *Property Order Attachment to Judgment*, if applicable.
*Please be advised, KCERA's Legal team must review and approve all divorce documents prior to disbursement, therefore this may potentially cause a delay in the processing of your retirement benefit.
- ✓ **Signatures and Identification** – You must sign and date each page where indicated. Please do not use an electronic signature. In addition, you must provide a clear, legible copy of your driver's license or government-issued identification card.

If you have any questions or need further assistance, contact KCERA at (661) 381-7700 or by email: memberservices@kcera.org.

Sincerely,

Kern County Employees' Retirement Association



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Application for Service Retirement

MEMBER INFORMATION				
Last Name	First Name, Middle Initial	Social Security Number	Birth Date	Retirement Effective Date
Street Address		City	State	Zip
Department	Membership Type: <input type="checkbox"/> General <input type="checkbox"/> Safety	Home Phone	Work Phone	
Personal Email Address			Cell Phone	

RETIREMENT OPTIONS:
Choose your retirement option: <input type="checkbox"/> Unmodified <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4
Do you also wish to choose the Temporary Annuity Option? (Must be under age 62) <input type="checkbox"/> Yes <input type="checkbox"/> No

- Unmodified:** Unreduced monthly benefit. Only an eligible surviving spouse, registered domestic partner, or children receive a 60% continuance of your monthly benefit upon your death. For service-connected disability, the surviving spouse, registered domestic partner, or eligible children (if there is no surviving spouse or partner) receives a 100% continuation.
- Option 1:** Reduced monthly benefit. Surviving beneficiary receives a lump sum payment equal to accumulated contributions less the sum of the annuity portion of benefits already received.
- Option 2:** Reduced monthly benefit. Surviving beneficiary receives a 100% continuance of your monthly benefit upon your death.
- Option 3:** Reduced monthly benefit. Surviving beneficiary receives a 50% continuance of your monthly benefit upon your death.
- Option 4:** Reduced monthly benefit. One or more named beneficiaries receive a fixed amount or fixed percentage amount (actuarially determined) payable for the lifetime of the beneficiary(ies).

ADDITIONAL INFORMATION (Please answer the following questions by checking the appropriate box.)			
Will you be using terminal vacation? (Actively employed KCERA plan sponsor members only)	N/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a divorce during your career while employed with a KCERA plan sponsor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a purchase in progress with KCERA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have reciprocity established?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any permanent service during your career where you worked less than full-time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>NOTE: You must contact your health benefits representative within 30 days of your retirement date to continue your medical insurance. I understand that KCERA plan sponsors require certain information from KCERA to initiate and administer my health benefits. I hereby authorize KCERA to release information requested by my plan sponsor for the sole purpose of initiating and administering my retirement health benefits. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>NOTE: You must notify your department of your pending retirement date. I understand that my retirement will not be effective until my payroll department has been notified by me (actively employed KCERA plan sponsor members only) and the necessary information has been provided to KCERA for processing. I hereby authorize <input type="checkbox"/> Yes <input type="checkbox"/> No KCERA to speak with my department as necessary to verify my retirement date prior to processing.</p>			

I hereby certify under penalty of perjury that the information submitted is true and correct, and I affirm my consent to release information as provided above.

Member's Signature

Date Signed

Your monthly retirement allowance will be based upon your choice of a retirement option. Your choice cannot be changed after retirement. Regardless of which option you select, you will receive a monthly allowance for the rest of your life. Below are the retirement options from which to choose. Contact KCERA for additional information.

UNMODIFIED BENEFIT OPTION

This option provides the maximum monthly lifetime benefit to you, regardless of your marital status. Upon your death, if you are married, or a registered domestic partner, your spouse/registered partner will receive a 60% continuance of your basic monthly retirement benefit for their lifetime. To be eligible, your spouse/registered domestic partner must be married/registered to you for a minimum of one year prior to your retirement. If you marry/register after retirement, you must be married/registered for a minimum of two years prior to your death, **and** your spouse/registered domestic partner must have attained a minimum age of 55 on or prior to the date of your death. Upon your death, if you have no surviving spouse/registered domestic partner but have unmarried children *under* the age of 18, your minor children collectively will receive a 60% continuance of your basic monthly retirement benefit until they turn 18 or 22 if they are unmarried **and** regularly enrolled as full-time students in an accredited school. Upon your death, if you have no surviving spouse/registered domestic partner or unmarried minor children, your designated beneficiary will receive a refund of your KCERA member contributions plus interest, less the sum of the monthly benefits that were paid to you during your lifetime.

OPTION 1 - CASH REFUND ANNUITY

This option provides for a reduced monthly benefit to you for your lifetime, with the provision that after your death, any of your remaining contributions will be paid to your named beneficiary. This is the only option that allows you to name your Estate. The amount to be paid out to your beneficiary will depend on how long you had been retired prior to your death. Each month a portion of your pension benefit is deducted from your contribution balance. Therefore, each month the amount payable to your named beneficiary is reduced. There is no monthly continuance with this option. You may change your beneficiary at any time during your retirement with this option.

OPTION 2 - 100% JOINT AND SURVIVOR

This option provides a reduced monthly benefit to you for your lifetime, with up to 100% of the benefit continuing after your death to your spouse or surviving beneficiary, for their lifetime. Your benefit will be based on the age of your beneficiary. The younger your beneficiary, the greater the reduction. Only one beneficiary can be named at retirement. You can **not** change your beneficiary after retirement. If your named beneficiary dies before you, a new beneficiary may **not** be designated. There are no provisions to pay remaining contributions and interest if both you and your beneficiary die before these funds are depleted. All payments stop at the death of both annuitants.

OPTION 3 - 50% JOINT AND SURVIVOR

This option provides for a reduced monthly benefit to you for your lifetime, with 50% of the benefit continuing after your death to your named beneficiary, for their lifetime. Your benefit will be based on the age of your beneficiary. The younger your beneficiary, the greater the reduction. Only one beneficiary can be named at retirement. You can **not** change your beneficiary after retirement. If your named beneficiary dies before you, a new beneficiary may **not** be designated. There are no provisions to pay remaining contributions and interest if both you and your beneficiary die before these funds are depleted. All payments stop at the death of both annuitants.

OPTION 4 - JOINT AND SURVIVOR

This option provides for a reduced monthly benefit to you for your lifetime, with the provision that up to 100% of the benefit will continue after your death to your named beneficiaries, for their lifetime. This option allows you to name more than one beneficiary to share in the continuance. Your benefit will be based on the youngest beneficiary. The younger your beneficiary, the greater the reduction. You can **not** change your beneficiaries after retirement. If your named beneficiary(s) dies before you, a new beneficiary(s) may **not** be designated. The percentages designated to each beneficiary at retirement is irrevocable. Therefore, the percentage designated to the deceased beneficiary will **not** be absorbed by the surviving beneficiary(s). There are no provisions to pay remaining contributions and interest if both you and your beneficiary(s) die before these funds are depleted. All payments stop at the death of all annuitants.

Temporary Annuity Option

KCERA provides a Temporary Annuity Option (TAO) available to members retiring prior to age 62 who are entitled to Social Security benefits at age 62. The TAO is designed to "level out" retirement income for such members, increasing retirement benefits prior to age 62 and decreasing benefits after age 62, when Social Security benefits begin. Members choosing the TAO must file for Social Security benefits at age 62 to maintain a level retirement income. To choose the TAO, you must meet the following eligibility requirements: (a) you must be retiring for service; (b) your employment must be integrated with Social Security; (c) your retirement benefit cannot be reduced to zero at age 62; and (d) you must be under age 62 at the time you retire.

If your designated beneficiary is someone other than a spouse and you are older by an "adjusted age difference" of more than 10 years, the maximum survivor benefit percentage will be reduced based on a table in IRS Regulation 1.401(a)(9)-6. For more information, please contact the Internal Revenue Service at (800) 829-1040, visit www.irs.gov, or consult a tax professional.



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Authorization Agreement Direct Deposit

In order for this request to be valid:

- You must provide a copy of your current driver's license or government-issued ID with this original signed form (copied signatures are not acceptable).
- The bank account with the financial institution listed below must be held in your name. KCERA is prohibited from assigning your benefit to any other person, for any reason.
- You must provide a voided check or an account verification letter/form from your financial institution that reflects your name, the routing number and bank account number.

This Request Is: New Update

Section 1

Member Information

For Security and Identification purposes, we require your **KCERA Member Key or the last four digits of your Social Security Number.**

Member Key:		OR Last Four Digits Social Security:	
Last Name	First Name	Middle Initial	
Mailing Address			
City	State	Zip Code	
Phone Number	Email Address		

Section 2

Authorization

Please indicate if you are authorizing a direct deposit to either a Savings Account or a Checking Account.

I authorize KCERA and the financial institution listed below to automatically deposit my payment to the account I provided.

Financial Institution: _____

Savings Account Checking Account

Section 3

Certification

This form will be rejected if this section is not completed. You must use blue or black ink.

I hereby certify that the bank account provided is held in my name, as shown on the voided check or account verification letter/form from my financial institution. This authorization will remain in effect until I have canceled it in writing and in such time as to afford KCERA a reasonable opportunity to act on it. I will notify KCERA of any change in the financial account status.



X _____
Signature of Member/Power of Attorney Date

*Attention Attorneys-in-Fact/Agents: Please sign as designated in your Power of Attorney document. Or, if no provision relating to signature, use: "[Member's name signed] by [agent], his/her attorney in fact"



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IMPORTANT INFORMATION REGARDING BENEFICIARY DESIGNATIONS:

Prior to naming a beneficiary(s), please read the following important information.

As a KCERA member, you are obligated to designate a primary beneficiary(s). This form is to be used to designate or change your beneficiary(s). **In order for this request to be valid, you must provide KCERA with the *original* signed form (copied signatures are not acceptable). In addition, you must also provide a copy of your current driver's license or government-issued identification card.** It is important to keep your beneficiary designation current and updated in response to changes such as marriage/domestic partnership registration, divorce/partnership termination, death, or birth of a child. KCERA recommends that all members, active and retired, name a secondary beneficiary in addition to the mandatory primary beneficiary.

Marriage or Registration of Domestic Partnership: If you are married/registered, your spouse or registered domestic partner must be named as your sole primary beneficiary. In addition to the listed requirements outlined above, you must also provide a copy your marriage license or partnership registration.

Divorce or Termination of a Registered Domestic Partnership: California is a community property state, therefore retirement benefits earned during marriage/domestic partnership registration are considered community property. If you have been divorced during your career with a KCERA plan sponsor, in addition to the listed requirements outlined above, you must also provide to KCERA a complete copy of the divorce documents/partnership settlement agreement, including the Property Order Attachment to Judgment, if applicable. If you are in the process of a divorce or are currently separated, please contact KCERA's Legal team at the number listed above or via email at legal@kcera.org.

KCERA's Legal team must complete a full review of all divorce documents prior to any financial disbursements from the plan. Therefore, this may potentially cause a delay in the processing of your request.

Death of a Spouse or Registered Partner: In addition to the listed requirements outlined above, you must also provide a copy of the death certificate.

As an actively employed member of a KCERA plan sponsor, there could be substantial death benefits available to your named beneficiary(s). Please refer to the *Member Handbook* on the KCERA website for more information.

As a retiree of KCERA, the death benefit payable to your named beneficiary(s) will be dependent on the option you elected at retirement. Please refer to your signed *Election of Retirement Allowance* form that you signed when you retired. You can also refer to your KCERA Member Portal for confirmation of the option you elected. Detailed information on the retirement options can be found on the KCERA website.



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Beneficiary Designation Form

This form is used to designate or change your beneficiary(ies). It is important to keep your beneficiary designation current. In the event of your death, it will simplify the payment process for you beneficiary. If you are married or have a registered domestic partner, your spouse or partner must be named as your sole primary beneficiary. If you are divorced or have terminated a registered domestic partnership, be certain your beneficiary designation complies with the terms of your marital/partnership settlement agreement. Your beneficiary designation may be revoked automatically if you marry or dissolve/annul your marriage after this form has been executed and submitted. **A copy of your current driver's license or government-issued identification is required.**

Section 1 – Member Information: All members must fill out this section in its entirety.

MEMBER INFORMATION: Please check one: <input type="radio"/> ACTIVE <input type="radio"/> DEFERRED <input type="radio"/> RETIRED		
Name (Last, First MI)		
Street Address		
City	State	Zip Code
Social Security Number	Birth Date (mm/dd/yyyy)	Telephone Number

Section 2 – Beneficiary Information: Indicate who you want to make the primary or secondary beneficiary(ies) by marking the appropriate box next to each person's name. If you name more than one person in either category, you must indicate what percentage of the benefit each individual is to receive. The total percentage for each category must be 100%. If you do not indicate a percentage, the benefit will be divided into equal parts.

- A **Primary Beneficiary** is the person(s) who will receive a benefit from KCERA upon your death.
- A **Secondary Beneficiary** is the person(s) who will receive a benefit from KCERA if you have no living primary beneficiaries on the date of your death.

1. Provide each beneficiary's name, current address, Social Security #, birth date, relationship to you, and phone #.
2. Submit a copy of your marriage license or domestic partnership registration, if applicable to your primary beneficiary.
3. You cannot name a trust or charitable organization as your primary or secondary beneficiary.
4. If you are deleting a spouse, you must provide either a copy of a *death certificate* or a complete copy of your divorce documents, including the *Property Order Attachment to Judgment*, if applicable.

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY		PERCENTAGE: %	
Name (Last, First MI)			
Street Address			
City	State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number

REQUIRED SIGNATURE: <i>Beneficiary information will not be accepted without your signature.</i>	
Member Signature	Date



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Section 2 – Beneficiary Information (continued): To designate additional beneficiaries, complete sections below.

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE: %	
Name (Last, First MI)				
Street Address				
City		State		Zip Code
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE: %	
Name (Last, First MI)				
Street Address				
City		State		Zip Code
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE: %	
Name (Last, First MI)				
Street Address				
City		State		Zip Code
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE: %	
Name (Last, First MI)				
Street Address				
City		State		Zip Code
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

REQUIRED SIGNATURE: <i>Beneficiary information will not be accepted without your signature.</i>	
Member Signature	Date



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Section 3 – Lump Sum Death Benefit – RETIREES ONLY: If you are *retired* and your last active duty was with the County of Kern or a participating Special District, the beneficiary you name in Section 3 will receive a one-time \$5,000 lump-sum death benefit. This person may be the primary beneficiary you list in Section 2, or it may be someone else. If this section is left blank, your primary beneficiary named in Section 2 will receive this payment.

PRIMARY BENEFICIARY INFORMATION:			PERCENTAGE:	%
Name (Last, First MI)				
Street Address				
City		State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE:	%
Name (Last, First MI)				
Street Address				
City		State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

Section 4 – Minor or Special-Needs Adult: Complete this section only if you are naming a minor or special-needs adult as your primary beneficiary. If you are naming a minor and want to designate an adult to manage payments for the minor without court appointment or supervision until an age you specify, use the following format:

[Name of adult] as custodian for [Name of minor] until age [choose a number between 18 and 25]. Use the adult's address and telephone number and the minor's date of birth, Social Security number and relationship. Or, you may simply name the minor as beneficiary without naming a custodian, in which case court appointment and supervision of a guardian will be required, and all funds will be distributed to the beneficiary at age 18. *(Court documents must include the guardian's name, address and telephone number.)*

GUARDIAN / CONSERVATOR INFORMATION:				
Name (Last, First MI)				
Street Address				
City		State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

REQUIRED SIGNATURE: <i>Beneficiary information will not be accepted without your signature.</i>	
Member Signature	Date



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FEDERAL AND STATE WITHHOLDING FORMS FORMS AND INSTRUCTIONS

Prior to completing the required tax forms, please read the following important information:

Federal Tax Withholding

The IRS requires all pensioners to complete a form W4-P. Please read the instructions in full prior to completing the form. Please be advised that KCERA staff cannot provide tax advice. You must contact a tax professional for direction and information on how to complete the required forms as well as the amount of taxes you should have withheld.

Please be advised, if you choose to not make an election, the IRS will require KCERA to withhold mandatory taxes based on Single and zero (0).

State Tax Withholding

The state of California requires all pensioners to complete for DE4-P. Please read the instructions in full prior to completing the form. Please be advised that KCERA staff cannot provide tax advice. You must contact a tax professional for direction and information on how to complete the required forms as well as the amount of taxes you should have withheld.

Please be advised, if you choose to not make an election, the State will require KCERA to withhold mandatory taxes based on Single and zero (0).

For non-California residents: KCERA will not withhold state taxes.

Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2024

Step 1: Enter Personal Information	(a) First name, middle initial	Last name		(b) Social security number
	Address			
	City or town		State	ZIP code
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment	4(c)	\$ _____

Step 5:

Sign Here _____ **Your signature** (This form is not valid unless you sign it.) _____ **Date** _____

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Withholding Certificate for Pension or Annuity Payments

First Name, Middle Initial	Last Name	Social Security Number
Home Address (Number and Street or Rural Route)		Claim or Identification Number (if any) of Your Pension or Annuity Contract
City	State ZIP Code	

Complete the applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.)
2. I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:
 - a. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2a _____
 - b. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2b _____

Single or Married (with two or more incomes) Married (one income) Head of Household
3. I want the following additional amount withheld from each pension or annuity payment. Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2b above. ▶ \$ _____
4. I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ \$ _____

Your Signature ▶ _____ Date ▶ _____

----- **Cut Here** -----

Give the top part of this form to your pension payer or annuity. Keep the lower part for your records.

Purpose of Form: Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities.

This form DE 4P allows you to:

- (1) Claim a different number of allowances for California PIT withholding than for federal income tax withholding.
- (2) Elect not to have California PIT withheld from your periodic, or nonperiodic, pension or annuity payments.
- (3) Elect to have California PIT withheld on periodic or nonperiodic payments based on:
 - (a) The number of allowances and marital status specified.
 - (b) A designated dollar amount.
- (4) Change or revoke the DE 4P previously filed.

Withholding from Pensions and Annuities: Generally, withholding applies to payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from Individual Retirement Arrangements (IRA), and from commercial annuities. Withholding also applies to property other than cash distributed.

In compliance with federal law, California PIT is not to be withheld from pension recipients who reside outside of California.

Periodic and nonperiodic payments from all the items above are treated as wages for the purpose of withholding.

A periodic payment is both:

- Includable in your income for tax purposes.
- Received in installments at regular intervals over a period of more than one full year from the pension or annuity's starting date. The intervals can be annual, quarterly, monthly, etc.

For example, if you receive a monthly pension or annuity payment and will continue to receive payments for more than a year, the payments are periodic. However, distributions from an IRA that are payable upon demand are treated as nonperiodic payments.

There are some kinds of periodic and nonperiodic payments for which you cannot use the DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether the DE 4P will apply.

Your certificate is usually effective 30 days after you file the form. The certificate stays in effect until you change or revoke it.

Methods of Withholding: The payer can use one of the following three methods:

- (1) An amount determined by using the California withholding schedules. Payee completes lines 2 and 3 above.
- (2) A dollar amount that you designate. Payee completes line 4 above.

- (3) Ten percent of the federal withholding amount computed pursuant to section 3405 of the Internal Revenue Code (law.cornell.edu/uscode/text/26). Payee completes line 4 above.

Completing the Form: Fill in your full name, home address, Social Security number, and the identification number (if any) of the pension or annuity.

Line 1, Exemption from Withholding: Check this box if you do not want any PIT withheld from your payment. You do not need a reason for claiming the exemption from withholding.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated tax to the Franchise Tax Board (FTB) by having enough tax withheld from your pension or annuity using the DE 4P.

Revoking the Exemption from Withholding: If you want to revoke your previously filed exemption from withholding for periodic and nonperiodic payments, file another DE 4P completing lines 1, 2, 3, or 4.

Line 2, Withholding Based on Specified Withholding

Allowances: If you want withholding to be based on a specified number of allowances, write the number on line 2, and check the filing status box you want. The worksheets accompanying this form may be used to figure your withholding allowance.

Line 3, Multiple Pensions or More than One Income: Indicate additional amount to be withheld from each payment. You may use Worksheet C, accompanying this form, to determine the additional amount.

Line 4, Withholding a Designated Dollar Amount: Indicate dollar amount you want withheld on this line (in lieu of claiming withholding allowances).

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

If you have a working spouse, more than one job or income, it is best to figure the total number of allowances you are entitled to claim on all jobs using the worksheets from only one DE 4P. Allowances can then be claimed with one payer only or split among payers.

Worksheet A

Regular Withholding Allowances

- | | |
|---|-----------|
| A) Allowance for yourself — enter 1 | (A) _____ |
| B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) _____ |
| C) Allowance for blindness — yourself — enter 1 | (C) _____ |
| D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| E) Allowances for dependents — do not include yourself or your spouse | (E) _____ |
| F) Total — add lines (A) through (E) above and enter on line 2a of the DE 4P | (F) _____ |

Instructions — 2 — Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances.

Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B

Estimated Deductions

- | | |
|--|--------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540. | 1. \$ _____ |
| 2. Enter \$10,726 if unmarried head of household or qualifying widow(er) with dependents.
\$10,726 if married filing jointly with two or more allowances.
\$5,363 if single, dual income, married, or married with multiple employers.
\$5,363 if married filing separately or married with "0" or "1" allowance. | |
| 3. Subtract line 2 from line 1, enter difference. | 3. \$ _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits). | 4. \$ _____ |
| 5. Add line 4 to line 3 and enter the sum. | 5. \$ _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts). | 6. \$ _____ |
| 7. If line 5 is greater than line 6 (if less, skip to line 9), subtract line 6 from line 5 and, enter the difference. | 7. \$ _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number.
Enter this number on line 2b of the DE 4P. Complete Worksheet C, if needed. | 8. _____ |
| 9. If line 6 is greater than line 5,
enter amount from line 6 (nonwage income). | 9. \$ _____ |
| 10. Enter amount from line 5 (deductions). | 10. \$ _____ |
| 11. Subtract line 10 from line 9, enter difference. | 11. \$ _____ |

Complete Worksheet C

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the [Family Code](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml). For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2024. 1. _____
2. Enter estimate of nonwage income from line 6 of Worksheet B. 2. _____
3. Add line 1 and line 2 and enter the sum. 3. _____
4. Enter itemized deductions or standard deduction from line 1 or 2 of Worksheet B, whichever is largest. 4. _____
5. Enter adjustments to income from line 4 of Worksheet B. 5. _____
6. Add line 4 and line 5 and enter the sum. 6. _____
7. Subtract line 6 from line 3 and enter the difference. 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2024 tax rate schedules below. 8. _____
9. Enter personal exemptions from line F of Worksheet A x \$158.40. 9. _____
10. Subtract line 9 from line 8 and enter the difference. 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10 and enter the difference. This is your total estimated tax liability. 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2024. Contact the payer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2024. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2024. 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need additional taxes withheld. 14. _____
15. Divide line 14 by the number of pay periods remaining in the year and enter the figure on line 3 of the DE 4P. 15. _____

Note: Your payer is not required to withhold the additional amount requested on line 3 of your DE 4P. If your payer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the “single” status with “zero” allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables are for Calculating Worksheet C and for 2024 Only

**Single Persons, Dual Income
Married or Married with Multiple Employers**

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$10,412	1.100%	\$0	\$0.00
\$10,412	\$24,684	2.200%	\$10,412	\$114.53
\$24,684	\$38,959	4.400%	\$24,684	\$428.51
\$38,959	\$54,081	6.600%	\$38,959	\$1,056.61
\$54,081	\$68,350	8.800%	\$54,081	\$2,054.66
\$68,350	\$349,137	10.230%	\$68,350	\$3,310.33
\$349,137	\$418,961	11.330%	\$349,137	\$32,034.84
\$418,961	\$698,271	12.430%	\$418,961	\$39,945.90
\$698,271	\$1,000,000	13.530%	\$698,271	\$74,664.13
\$1,000,000	and over	14.630%	\$1,000,000	\$115,488.06

Married Persons

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$20,824	1.100%	\$0	\$0.00
\$20,824	\$49,368	2.200%	\$20,824	\$229.06
\$49,368	\$77,918	4.400%	\$49,368	\$857.03
\$77,918	\$108,162	6.600%	\$77,918	\$2,113.23
\$108,162	\$136,700	8.800%	\$108,162	\$4,109.33
\$136,700	\$698,274	10.230%	\$136,700	\$6,620.67
\$698,274	\$837,922	11.330%	\$698,274	\$64,069.69
\$837,922	\$1,000,000	12.430%	\$837,922	\$79,891.81
\$1,000,000	\$1,396,542	13.530%	\$1,000,000	\$100,038.11
\$1,396,542	and over	14.630%	\$1,396,542	\$153,690.24

Unmarried Head of Household

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$20,839	1.100%	\$0	\$0.00
\$20,839	\$49,371	2.200%	\$20,839	\$229.23
\$49,371	\$63,644	4.400%	\$49,371	\$856.93
\$63,644	\$78,765	6.600%	\$63,644	\$1,484.94
\$78,765	\$93,037	8.800%	\$78,765	\$2,482.93
\$93,037	\$474,824	10.230%	\$93,037	\$3,738.87
\$474,824	\$569,790	11.330%	\$474,824	\$42,795.68
\$569,790	\$949,649	12.430%	\$569,790	\$53,555.33
\$949,649	\$1,000,000	13.530%	\$949,649	\$100,771.80
\$1,000,000	and over	14.630%	\$1,000,000	\$107,584.29

If you need more detailed information, see the instructions that came with your last California resident income tax return or call the FTB:

If you are calling from within the United States
1-800-852-5711 (Voice)
1-800-822-6268 (TTY)

If you are calling from outside the United States
 1-916-845-6500 (Not Toll Free)

The DE 4P information is collected for purposes of administering the PIT law, and under the authority of [Title 22, California Code of Regulations](#) (govt. westlaw.com/calregs/Search/Index), section 4340-1, and the [California Revenue and Taxation Code](#) (leginfo.legislature.ca.gov/faces/codes.xhtml), including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

Example for Worksheet C for the Year 2024

Payee estimates pension income to be \$1,500 a month and is claiming the standard deduction, and single, with one withholding allowance.

1. Estimate annualized income (\$1,500 a month x 12 months). Enter on line 1.	1. \$ 18,000.00
2. Estimated nonwage income.	2. \$ 8,000.00
3. Add lines 1 and 2 and enter total on line 3.	3. \$ 26,000.00
4. Enter amount for single from line 2 of Worksheet B.	4. \$ 5,363.00
5. Enter adjustments to income shown on line 4 of Worksheet B.	5. 0.00
6. Enter sum of lines 4 and 5.	6. \$ 5,363.00
7. Subtract line 6 from line 3 and enter difference on line 7.	7. \$ 20,637.00
8. Compute the tax liability for the amount on line 7.	
Use the 2024 tables for single from Worksheet C under the entry covering \$20,637 (over \$10,412 but not over \$24,684). Compute 2.200% of the amount over \$10,412 ([$\$20,637 - \$10,412$] x 0.02200 = \$224.95). \$ 224.95 Additional + tax amount. <u>\$ 114.53</u> Enter the total on line 13. Total <u>\$ 339.48</u>	8. \$ 339.48
9. Enter the amount for one personal exemption on line 9 (1 x \$158.40).	9. \$ 158.40
10. Subtract line 9 from line 8 and enter the difference on line 10.	10. \$ 181.08
11. Enter any tax credits that will be allowed for 2024 (see FTB Form 540).	11. 0.00
12. Subtract line 11 from line 10 and enter the difference on line 12. This is your total estimated tax liability.	12. \$ 181.08
13. Calculate the tax withheld and estimated to be withheld during 2024.	
Withholding on the pension of \$1,500 a month claiming single with one withholding allowance based on the California withholding schedule for 2024 is \$1.52 x 12 = \$18.24. Enter that amount on line 13.	13. \$ 18.24
14. Subtract line 13 from line 12. Enter difference on line 14.	14. \$ 162.84
15. Divide line 14 by the number of pay periods remaining in the year. ($\$162.84 \div 12 = \13.57)	15. \$ 13.57

Enter \$13.57 on line 3 of the DE 4P.



11125 River Run Blvd
Bakersfield, CA 93311
661.381.7700
www.kcera.org

ADDITIONAL CONTACTS FOR RETIREMENT

Following is a list of additional organizations you may wish to contact as you prepare for retirement.

Deferred Compensation (Voya)

Treasurer-Tax Collector's Office
1115 Truxtun Avenue, 2nd Floor
Bakersfield, CA 93301
(661) 868-3467
kerncounty457.beready2retire.com

Strata Credit Union

1717 Truxtun Avenue
Bakersfield, CA 93301
(661) 327-9461
www.stratacu.org

Social Security Administration

5300 Office Park Drive, Suite 100
Bakersfield, CA 93309
(866) 476-1489 or (800) 772-1213
www.ssa.gov

Employee Associations

SEIU Local 521
1001 17th Street
Bakersfield, CA 93301
(661) 321-4160
www.seiu521.org

Kern County Fire Fighters Union
3555 Lanco Drive, Suite A
Bakersfield, CA 93308
(661) 864-1301
www.kerncountyfirefighters.org

Kern County Prosecutor's Association
1215 Truxtun Avenue
Bakersfield, CA 93301
(661) 868-2331

Kern County Sheriff's Command Association
P.O. Box 80775
Bakersfield, CA 93380-0775
(661) 201-3849

Health Benefits: County of Kern

1115 Truxtun Avenue, 1st Floor
Bakersfield, CA 93301
(661) 868-3182
www.kerncountyhealthbenefits.com

Health Benefits: Superior Court

1430 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 610-6211

Kern County Aging & Adult Services

5357 Truxtun Avenue
Bakersfield, CA 93309
(661) 868-1000
Email: aginginfo@kerncounty.com
www.kerncounty.com/government/aging-adult-services

American Fidelity

(800) 662-1113
www.americanfidelity.com

Kern Law Enforcement Association

P.O. Box 82516
Bakersfield, CA 93380
(661) 392-4430
www.klea.org

Kern County Probation Officers' Association

P.O. Box 1505
Bakersfield, CA 93302
(661) 301-7753
www.kcpoa.com

Kern County Detention Officers' Association

P.O. Box 81534
Bakersfield, CA 93380
(661) 374-3740
www.kcdoa.info

Retired Employees of Kern County
P.O. Box 2592
Bakersfield, CA 93303
www.reokc.org