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MENDOCINO COUNTY

EMPLOYEES' RETIREMENT ASSOCIATION 625-B KINGS COURT UKIAH, CALIFORNIA 95482-5027

Date: March 15, 2017
To: Board of Retirement

From: James Wilbanks, Retirement Administrator

Subject: Administrator Report

Form 700 Filing:

Remember the deadline for filing your Form 700 is April 3, 2017. By our Conflict of Interest Policy, Trustees are required to file an original Form 700 with MCERA. If we do not receive your filing by the deadline, we are required to notify the California Fair Political Practices Commission of a failure to file.

Disability Retirement Application Handbook:

In accordance with a recommendation from Board Legal Counsel, staff has updated the Disability Retirement Application Handbook. I have attached the page on which changes were made.

Financial Statement Audit Services Request for Proposals (RFP):

The RFP was released on Monday, March 6, 2017 with a submission deadline of April 7, 2017. The RFP is available on the MCERA website.

625 Kings Court Maintenance Update:

We are nearing the completion of the projects scheduled for the building during FY-2017. The exterior of the building is currently being painted between the bouts of rain and our new workstations are expected to ship on March 30, 2017. We are hopeful to have those installed before the April Board meeting. Finally, we are ordering new signs for the building to increase our visibility and help Clients find the Association.

Strategic Planning Off-Site Meeting:

We are beginning to work on scheduling this meeting. The tentative date is September 13-14, 2017. We will provide more details as they become available.

Staff Work Plan:

MCERA staff recently met to begin the process of building a Staff Work Plan, similar to the Board Work Plan presented to the Board on a quarterly basis. The Staff Work Plan will be more detailed in the projects and every project on the plan will support one of the Strategic Objective identified in the Board adopted Strategic Plan. I plan to bring information from the Staff Work Plan to the Board Off-Site.

Administrative and Operations Update:

Nora Morgan has been hired permanently to fill the Retirement Specialist I position.

SACRS Spring Conference:

We have a room request available for anyone interested in attending this event that has not already registered. Please let Judy know if you would like to attend this meeting.

New Employee Orientation Video:

We have created a video for the New Employee Orientation that we will show during the Board meeting.

Mendocino County Employees' Retirement Association

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Application for Disability Retirement			
Member Name:			Years of Service:
I am applying for disability retirement because I believe I am permanently disabled from performing the usual duties of my assigned job.			
Applicant Signature:		Date:	
Section 1: General Information. If address changes during disability process, you must notify MCERA in writing.			
Street Address			Social Security Number
City	State	Zip	Birth Date (mm/dd/yyyy)
Home Phone Number	Work Phone Number		Cell Phone Number
Email Address (optional)			
Section 2: Application Type. Please indicate type(s) of disability retirement you are applying for.			
Nonservice-Connected Disability Retirement		Service-Connected Disability Retirement*	
 Injury/Illness that was not incurred at work. Five (5) years of service required, per California Government Code §31720(b). 		 Injury/Illness that was incurred at work. No minimum years of service required. 	
Do you have five (5) years of service?		If the Board of Retirement finds you to be permanently incapacitated, but <u>not</u> on a service-connected basis, you will be granted a nonservice-connected disability	
Yes No	Unsure	retirement if you have at least five years of service.	
		* By Applying for Service-Connected Disability Retirement, Applicant is also applying for Nonservice-Connected Disability Retirement if the Board finds no service-connection for the disability.	
Section 3: Current employment. Please provide the following information about your current employment.			
Permanent Position Disabled From:			
Department: Immediate Supervisor:			
Membership Status: ☐ General ☐ Safety			
Original Date of Employment: Date Assigned to Most Recent Position:			
Since your original date of employment, was there a time when you were not employed by this employer <u>or you</u> were on an extended leave of absence? <i>Please check one box:</i>			
☐ Yes ☐ No If yes, please explain:			