Status Draft PolicyStat ID 18896037

San Bernardino County Employees' Retirement Association

Origination	11/1/2018
Last Approved	N/A
Effective	N/A
Last Revised	N/A
Next Review	N/A
Area	Administration
Applicability	SBCERA systemwide

Presentment of Claims

POLICY NO. 007

All tort liability claims required to be presented to the San Bernardino County Employees' Retirement Association under the provisions of the Government Claims Act (formerly known as California Tort Claims Act of 1963) (Government Code section 900 et seq.) shall be filed with the Chief Executive Officer. For purposes of Government Code section 915 only, the Chief Executive Officer is designated as Secretary of the Board of Retirement. See Attached *Claim Against San Bernardino County Employees' Retirement Association*.

Attachments

Claim Against San Bernardino Country Employees' Retirement Association

Approval Signatures

Step Description	Approver	Date

Applicability

SBCERA, SBCERA Internal

San Bernardino County Employees' Retirement Association

Exhibit A: Page 2

Date Rec'd _____
By: _____
FOR SBCERA USE ONLY

CLAIM AGAINST SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

(CLAIM FORM MUST BE FILLED OUT PROPERLY OR CLAIM WILL BE RETURNED WITHOUT FILING)

DATE: _____

Claim is hereby made against SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION (SBCERA), as follows:

- Less than $12,500 – State the total amount claimed $_____
- More than $12,500 – Check one of the boxes:
  - ☐ Limited Civil Jurisdiction ($12,501 - $35,000)
  - ☐ Superior Court Jurisdiction ($35,001 and up)

CLAIMANT MAKES THE FOLLOWING STATEMENTS IN SUPPORT OF THE CLAIM:

1. **Name of Claimant:** _____
   First *Middle* *Last* *(Area Code & Phone No.)*

2. **Address of Claimant:** _____
   Street *City* *Zip Code*

3. **Notices concerning claim should be sent to:**

   _____
   Name *Address* *Zip Code* *(Area Code & Phone No)*

4. **Circumstances giving rise to claim are as follows:** _____

5. **Date, Time and Place(City, Street, Cross-Street) damage occurred and nature thereof:** _____

6. **Public property and/or public officers or employees causing injury, damage or loss:**

7. **Name, address and telephone number of witnesses:** _____

8. **Basis of computation of claimed amount is as follows:**
   Describe Damage(s) and give amount claimed

   _____ $_____
   _____ $_____
   _____ $_____
   _____ $_____

_____
Claimant or Representative (Signature)

RETURN COMPLETED FORM TO:

SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
Attn: Legal Services Department
348 W. Hospitality Lane, Suite 100
San Bernardino, CA 92408