

School Employer Advisory Committee

February 5, 2020

Legislative Update

Andrea Peters
Legislative Affairs Division

Payroll Reporting for Certificated Members

Kevin Lau

Employer Account Management Division

Overview

Government Code section 20962(a)(1)

Recommendation for equal payments reporting

Future updates

Government Code section 20962(a)(1)

Certificated members may earn one year of service credit for services rendered and compensated in a fiscal year in full-time employment of one academic year

Reporting as Equal Payments

Will ensure one year of service credit is granted for certificated members

Be aware of the members' designated schedule/contract

- Example: A nine-month certificated member may work over ten months

Example: Equal Payment Reporting

Begin Date	End Date	Payrate	Earnings	Service Credit
7/1/2018	7/31/2018	-	-	-
8/1/2018	8/31/2018	\$ 10,000	\$ 10,000	0.1000
9/1/2018	9/30/2018	\$ 10,000	\$ 10,000	0.1000
10/1/2018	10/31/2018	\$ 10,000	\$ 10,000	0.1000
11/1/2018	11/30/2018	\$ 10,000	\$ 10,000	0.1000
12/1/2018	12/31/2018	\$ 10,000	\$ 10,000	0.1000
1/1/2019	1/31/2019	\$ 10,000	\$ 10,000	0.1000
2/1/2019	2/28/2019	\$ 10,000	\$ 10,000	0.1000
3/1/2019	3/31/2019	\$ 10,000	\$ 10,000	0.1000
4/1/2019	4/30/2019	\$ 10,000	\$ 10,000	0.1000
5/1/2019	5/31/2019	\$ 10,000	\$ 10,000	0.1000
6/1/2019	6/30/2019	-	-	-
		\$ 100,000	\$ 100,000	1.0000

Future Updates

System enhancements

- Identification for certificated members
- Payroll validations

Circular Letter

Questions

Reciprocal Compensation Review

Spencer Halsey

Employer Account Management Division

Reciprocal Determination Process

Member must retire on same date from all systems

- If last employed by CalPERS
 - CalPERS will calculate retirement based on compensation reported to CalPERS
- If last employed by reciprocal agency
 - CalPERS sends reciprocal retirement system a *Retirement Salary Request* form prior to calculating retirement
 - New requirements – Circular Letter 200-009-18 (Feb. 1, 2018)

Retirement Salary Request (1 of 2)

Identification of:

- Membership & retirement date
- Type & years of service
- Confirmation of a pending disability application
- Position title

Retirement Salary Request (2 of 2)

Member's Final Average Compensation (FAC)

Breakdown of all compensation components

Pay schedule and written labor policy or agreement

Compensation Review Process

Compliance Review

- Verify compliance with PERL
- Make a determination
- Send Reciprocal System and Member Determination Letter
(if compensation has been excluded)

Excluding Compensation

Impact to member

- CalPERS cannot validate reciprocal compensation
 - Retirement benefit calculated with highest verifiable compensation
 - Frequently, this is compensation from the member's CalPERS employer
- Non-compliant compensation excluded
 - Member receives warrant calculated with reduced FAC
 - Member receives determination letter with appeal rights

Applicable Codes and Regulations (1 of 2)

Government Codes (Gov. Codes)

- Gov. Code section 20630 – Compensation
- Gov. Code sections 20636 & 20636.1 – Compensation Earnable
- Gov. Code section 7522.34 – Pensionable Compensation

Applicable Codes and Regulations (2 of 2)

California Code of Regulations (CCR)

- CCR section 570 – Final Settlement Pay
- CCR section 570.5 – Requirements of Publicly Available Pay Schedule
- CCR section 571 – Special Compensation (Classic)
- CCR section 571.1 – Special Compensation (PEPRA)

Late Enrollments

Kristina Bozzo-Baldenegro & Reana Hlawaty
Employer Account Management Division

Overview (1 of 2)

What is a late enrollment?

What does employer paid arrears mean?

Automation of late enrollments

Notification of Reported Late Appointment letter

Notification of Employer Paid Arrears Processing letter

Who receives these letters?

Overview (2 of 2)

New myCalPERS screens

Additional myCalPERS enhancements

Resources

Late Enrollment in myCalPERS

Business partners have 90 days to establish membership in myCalPERS (Gov. Code section 20283)

Enrollment(s) entered outside the 90-day time frame are considered late enrollment(s)

- Subject to employer paid arrears

Employer Paid Arrears

Defined in Gov. Code section 20283

Employer is liable for all arrears costs

- Employer contributions
- Member contributions
- \$500 administrative cost

Arrears costs are not passed to the employee

Automation of Late Enrollments

Arrears determinations for late enrollments

- Automated beginning early March 2020

Notification of Reported Late Appointment Letter

Replacing current Notification of Reported Late Appointment letter
(myCalPERS 0847)

- Mailed to the business partner and participant
- Notifies the employer paid arrears time frame
- Gives 30-day appeal time frame

Notification of Employer Paid Arrears Processing Letter

New letter (myCalPERS #####)

- Mailed 30 days after the Notification of Reported Late Appointment letter
- Notifies the processing of the arrears determination

Letter Recipients

Agency contacts will receive the letter in this sequence:

1. Arrears Administrator
2. Payroll
3. Human Resources
4. General

Important: Ensure your agency contact information is updated in myCalPERS

New myCalPERS Screen (1 of 2)

Arrears Determinations panel added to the appointment list page

- Permission Set Required: Retirement Enrollment
- View determinations associated with your agency



Arrears Determinations							
Employer	BP ID	Appointment ID	Type	Begin Date	End Date	Determination Date	
California State University at Chico	1033971744	28145330	Employer Paid	8/20/2003	6/16/2019	7/16/2019	Details
California State University at Chico	1033971744	92685117	Employer Paid	8/31/2018	11/25/2019		Details

New myCalPERS Screen (2 of 2)

Example: *Arrears Details* panel

- No changes can be made by the business partner

Participant Name: [REDACTED] CalPERS ID: [REDACTED]

Arrears Detail

Appointment Information

Employer: Los Angeles Unified School District
Appointment ID: 10097050

CalPERS ID: [REDACTED]
Enrollment Date: 01/01/2019

Determination Information

Arrears Type: Employer Paid (20283)
Arrears Period Begin Date: 05/25/2019
Create Date: 11/25/2019

Reason: Late enrollment
Arrears Period End Date: 11/25/2019
Created by: Batch000/0000

[Manual Review](#)

[Return](#)

Additional myCalPERS Enhancements

Arrears determinations and membership reviews

Expanded information and tools

Resources

[Public Agency & Schools Reference Guide](#)

Membership_Reporting@calpers.ca.gov

CalPERS Customer Contact Center

- **888 CalPERS** (or **888-225-7377**)

Upcoming Circular Letter

[myCalPERS Student Guides](#)

Questions

Post-Retirement Employment System Enhancements

Christina Rollins

Membership and Post-Retirement Employment
Determinations Team

Team Objectives

Assist with hiring and retaining retired annuitants

Ensure compliance with CalPERS' post-retirement employment laws

Provide education and resources for employers

Upcoming myCalPERS System Enhancements

Welcome letter to all new retired annuitants

960-hour limit

Special compensation reporting

180-day wait period

Wildfire exemption appointments

Member Self-Service (MSS) for retired annuitant hours

Post-Retirement Employment Webinars

What You Need to Know About Hiring CalPERS Retirees

MyCalPERS Post-Retirement Employment System Enhancements for Employers

Hot Topics for Post-Retirement Employment

Post-Retirement Employment and Social Security for Employers

Assembly Bill 672 for Disability Retirees

Gov. Code Section 21233

Effective January 1, 2020

Prohibits a person who has retired from disability from being employed by any employer without reinstatement from retirement if the position is the position from which the person retired, or if the position includes duties that the person was previously restricted from performing at the time of their disability retirement.

Employer must provide to CalPERS the nature of the employment and duties the person will perform

Communication Efforts

Circular Letter 200-054-19

- Issued December 10, 2019

Letters to disability retirees

- Retirees working as a retired annuitant and also receiving a Disability/Industrial Disability Retirement benefit
- 500+ letters mailed December 17, 2019

Next Steps

Identify non-compliance

Contact CalPERS with any questions

- How new law may affect you and retired annuitants you hire

Questions

Post-Retirement Employment Resources

[Public Agency and Schools Reference Guide](#)

[CalPERS Circular Letters](#)

Customer Contact Center

- **888 CalPERS** (or **888-225-7377**)

[Working After Retirement@calpers.ca.gov](#)

myCalPERS System Enhancements

Meghan Korte

Employer Account Management Division

Employer Education for Schools

Andrea Harris

Customer Education and Outreach Division

Educational Options for Schools

Computer Based Trainings (CBTs)

- 24x7 availability

myCalPERS Training

- System training
- Small computer lab

Business Rules

- Public Employees' Retirement Law (PERL)
- Public Employees' Medical & Hospital Care Act (PEMHCA)

The screenshot shows the CalPERS website interface. At the top, there is a navigation bar with tabs: Home, Profile, Reporting, Person Information, Education, Pension Outlook, and Other Organizations. Below this is a secondary navigation bar with 'Education Resources', 'Classes', and 'Consultations | Education Activity & History'. The 'Classes' tab is highlighted with a red box. On the left side, there is a 'Common Tasks' sidebar. The main content area is titled 'Classes' and includes a sub-header 'Online' which is also highlighted with a red box. Below the sub-header, there is a search bar and a table of classes. The table has columns for 'Class', 'Duration', and 'Action'. The first class is 'myCalPERS Retirement Enrollment: Searching for a Participant' with a duration of '1 Hour' and a 'Start' button. A red dashed arrow points to this 'Start' button. The second class is 'myCalPERS Retirement Enrollment: Verification of Membership Eligibility' with a duration of '1 Hour' and a 'Start' button.

Class ^	Duration ↕	Action
myCalPERS Retirement Enrollment: Searching for a Participant This class provides an overview on the process of searching and adding information for a participant. In this lesson you will learn to search for a participant and retrieve their current membership status in myCalPERS.	1 Hour	Start ←
myCalPERS Retirement Enrollment: Verification of Membership Eligibility Verify CalPERS membership, query an active employee's appointment details within your agency, or query a retiree	1 Hour	Start

myCalPERS Training

Hands-on experience in a computer lab

- Hosted at regional offices
- Classes range from 1-3 hours

Enrollment Courses

Retirement Enrollment

- Keying retirement appointments
- Verify membership
- Add, modify, reconcile retirement enrollments

Health Enrollment

- Key health enrollments
- View health enrollment details

Specialized Courses

Payroll Reporting

- Create, modify, and submit
- Reconcile earned period payroll report

Payroll Adjustments

- View posted payroll
- When to apply
- Simplified adjustment process

Employer Reports (Cognos)

- Run reports

Business Rules

Retirement Business Rules

- Membership qualifications
- Payroll reporting
- Special compensation
- Retirement benefits

Health Business Rules

- Eligibility & enrollment
- Health benefit officer roles

Customized Business Rules

County Office of Education

- On-site presentations
- All districts attending
- Provides cohesive message

Collaborative Training Attendance

Los Angeles - 59

Orange - 74

Ventura - 69

Multiple Schools - 50 students

- Santa Cruz
- Monterey
- San Benito

Questions

Survivor Benefits

Angelica Santillan

Disability and Survivor Benefits Division

Reporting a Death

Call **888 CalPERS** (or **888-225-7377**)

- Date of death
- Name, address, and phone number of closest survivor
- If spouse/registered domestic partner, need their birthdate and date of marriage/registration

Complete Report of Separation for Death – Request for Payroll Information (myCalPERS 0697)

Report of Separation for Death (1 of 10)

Request for payroll information

- Obtained at www.calpers.ca.gov
- Required for all member deaths
- Completed and submitted timely
- Used to verify time-base, unused sick leave, and health coverage

Report of Separation for Death (2 of 10)



P.O. Box 942715 Sacramento, CA 94229-2715
 888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545
www.calpers.ca.gov

California Public Employees' Retirement System

PLEASE COMPLETE AND FAX TO (916) 795-3988 AS SOON AS POSSIBLE

REPORT OF SEPARATION FOR DEATH – REQUEST FOR PAYROLL INFORMATION

Business Partner CID:	Business Partner:	
Member Name:	SSN: xxx-xx- CID:	Date Of Death:

PART I. EFFECTIVE DATES REGARDING SEPARATION

Separation Date: _____ <small>(Note: The last day the member was considered an employee)</small>	Last Day on Pay Status: _____ <small>(Note: This date cannot be after the DOD or Separation date)</small>	Reason for Separation: <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Contract/Assignment Ended <input type="checkbox"/> Other (please explain): _____
Time Base: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intermittent <input type="checkbox"/> Substitute <input type="checkbox"/> Seasonal <input type="checkbox"/> Worked as needed <input type="checkbox"/> Other: _____		Required Hours for entire membership period: (For part-time members, only) Example: 11/10/2008 – 2/14/2012- 6hrs/day From/To: _____ # of hours: _____ From/To: _____ # of hours: _____

PART II. UNUSED SICK AND EDUCATIONAL LEAVE AT TIME OF SEPARATION

TOTAL UNUSED SICK LEAVE: _____ DAYS HOURS
 BALANCE OF EDUCATIONAL LEAVE CREDITS: _____ DAYS HOURS

PART III. HEALTH AND DENTAL INSURANCE

Type of Coverage	Plan Name	Name(s) of Covered Dependents	Coverage Group (if Applicable)
HEALTH INSURANCE			
DENTAL INSURANCE			

PART IV. CERTIFICATION OF EMPLOYER

Printed Name _____ Title _____ Direct Telephone Number and Extension _____

Signature of Payroll Officer _____ Date _____

myCalPERS 0697

Report of Separation for Death (3 of 10)

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REPORT OF SEPARATION FOR DEATH - REQUEST FOR PAYROLL INFORMATION

Business Partner CID: _____ Business Partner: _____
Member Name: _____ SSN xxx-xx-____ Date Of Death: _____
CID: _____

PART I. EFFECTIVE DATES REGARDING SEPARATION

Separation Date: _____ <small>(Note: The last day the member was considered an employee)</small>	Last Day on Pay Status: _____ <small>(Note: This date cannot be after the DOD or Separation date)</small>	Reason for Separation: <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Contract/Assignment Ended <input type="checkbox"/> Other (please explain): _____
Time Base: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intermittent <input type="checkbox"/> Substitute <input type="checkbox"/> Seasonal <input type="checkbox"/> Worked as needed <input type="checkbox"/> Other: _____	Required Hours for entire membership period: (For part-time members, only) Example: 11/10/2008 - 2/14/2012 - 6hrs/day From/To: _____ # of hours: _____ From/To: _____ # of hours: _____	

PART II. UNUSED SICK AND EDUCATIONAL LEAVE AT TIME OF SEPARATION
TOTAL UNUSED SICK LEAVE: _____ DAYS HOURS
BALANCE OF EDUCATIONAL LEAVE CREDITS: _____ DAYS HOURS

PART III. HEALTH AND DENTAL INSURANCE

Type of Coverage	Plan Name	Name(s) of Covered Dependents	Coverage Group (If Applicable)
HEALTH INSURANCE			
DENTAL INSURANCE			

PART IV. CERTIFICATION OF EMPLOYER

Printed Name _____ Title _____ Direct Telephone Number and Extension _____
Signature of Payroll Officer _____ Date _____

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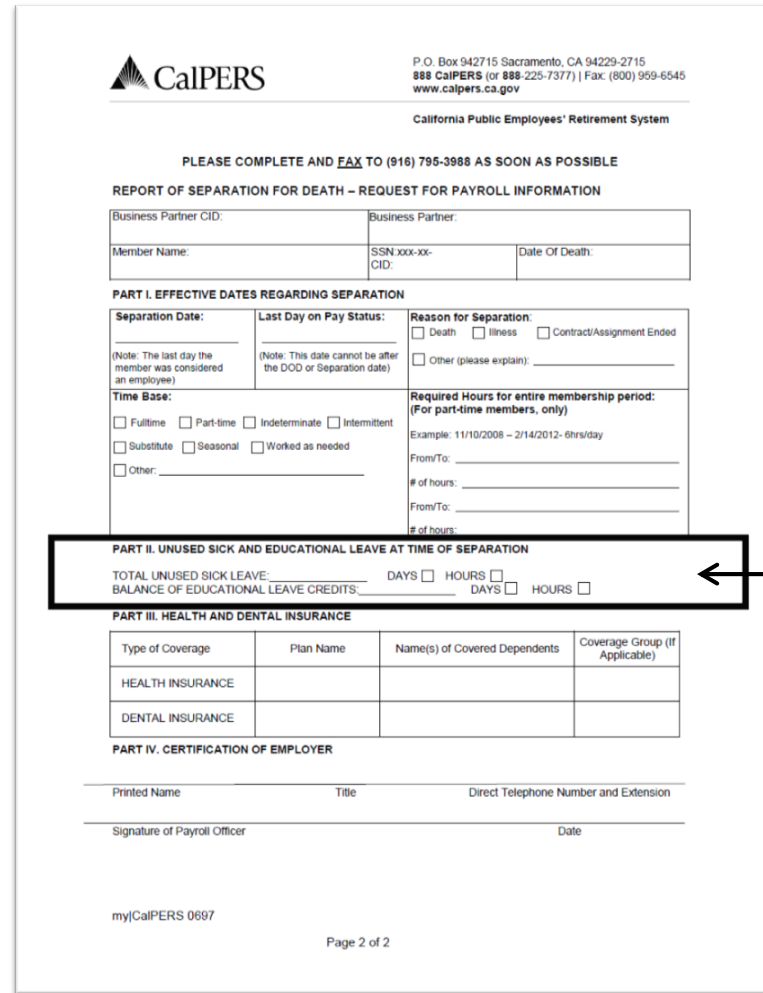
Separation information, time-base and required hours should be provided in Part I

Report of Separation for Death (4 of 10)

PART I. EFFECTIVE DATES REGARDING SEPARATION

<p>Separation Date: <u>10/02/2019</u></p> <p>(Note: The last day the member was considered an employee)</p>	<p>Last Day on Pay Status: <u>10/01/2019</u></p> <p>(Note: This date cannot be after the DOD or Separation date)</p>	<p>Reason for Separation: <input checked="" type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Contract/Assignment Ended <input type="checkbox"/> Other (please explain): _____</p>
<p>Time Base:</p> <p><input type="checkbox"/> Fulltime <input checked="" type="checkbox"/> Part-time <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intermittent</p> <p><input type="checkbox"/> Substitute <input type="checkbox"/> Seasonal <input type="checkbox"/> Worked as needed</p> <p><input type="checkbox"/> Other: _____</p>		<p>Required Hours for entire membership period: (For part-time members, only)</p> <p>Example: 11/10/2008 – 2/14/2012- 6hrs/day</p> <p>From/To: <u>08/01/2012 – 12/31/2014</u></p> <p># of hours: <u>30 hrs/week</u></p> <p>From/To: <u>01/01/2015 – 10/01/2019</u></p> <p># of hours: <u>20 hrs/week</u></p>

Report of Separation for Death (5 of 10)



The image shows a CalPERS form titled "REPORT OF SEPARATION FOR DEATH - REQUEST FOR PAYROLL INFORMATION". The form includes sections for member information, effective dates, time base, and unused leave. A red box highlights the "PART II. UNUSED SICK AND EDUCATIONAL LEAVE AT TIME OF SEPARATION" section, which contains fields for "TOTAL UNUSED SICK LEAVE" and "BALANCE OF EDUCATIONAL LEAVE CREDITS".

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California Public Employees' Retirement System

PLEASE COMPLETE AND FAX TO (916) 795-3988 AS SOON AS POSSIBLE

REPORT OF SEPARATION FOR DEATH - REQUEST FOR PAYROLL INFORMATION

Business Partner CID:	Business Partner:	
Member Name:	SSN xxx-xx- CID:	Date Of Death:

PART I. EFFECTIVE DATES REGARDING SEPARATION

Separation Date: _____ <small>(Note: The last day the member was considered an employee)</small>	Last Day on Pay Status: _____ <small>(Note: This date cannot be after the DOO or Separation date)</small>	Reason for Separation: <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Contract/Assignment Ended <input type="checkbox"/> Other (please explain): _____
Time Base: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intermittent <input type="checkbox"/> Substitute <input type="checkbox"/> Seasonal <input type="checkbox"/> Worked as needed <input type="checkbox"/> Other: _____	Required Hours for entire membership period: (For part-time members, only) Example: 11/10/2008 - 2/14/2012 - 6hrs/day From/To: _____ # of hours: _____ From/To: _____ # of hours: _____	

PART II. UNUSED SICK AND EDUCATIONAL LEAVE AT TIME OF SEPARATION

TOTAL UNUSED SICK LEAVE: _____ DAYS HOURS
BALANCE OF EDUCATIONAL LEAVE CREDITS: _____ DAYS HOURS

PART III. HEALTH AND DENTAL INSURANCE

Type of Coverage	Plan Name	Name(s) of Covered Dependents	Coverage Group (If Applicable)
HEALTH INSURANCE			
DENTAL INSURANCE			

PART IV. CERTIFICATION OF EMPLOYER

Printed Name _____ Title _____ Direct Telephone Number and Extension _____
Signature of Payroll Officer _____ Date _____

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Page 2 of 2


Unused sick leave and educational leave at the time of separation should be provided in Part II

Report of Separation for Death (6 of 10)

PART II. UNUSED SICK AND EDUCATIONAL LEAVE AT TIME OF SEPARATION

TOTAL UNUSED SICK LEAVE: 36 DAYS HOURS
BALANCE OF EDUCATIONAL LEAVE CREDITS: 4 DAYS HOURS

Report of Separation for Death (7 of 10)

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California Public Employees' Retirement System

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REPORT OF SEPARATION FOR DEATH – REQUEST FOR PAYROLL INFORMATION

Business Partner CID:	Business Partner:	
Member Name:	SSN xxx-xx- CID:	Date Of Death:

PART I. EFFECTIVE DATES REGARDING SEPARATION

Separation Date: (Note: The last day the member was considered an employee)	Last Day on Pay Status: (Note: This date cannot be after the DOD or Separation date)	Reason for Separation: <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Contract/Assignment Ended <input type="checkbox"/> Other (please explain): _____
Time Base: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intermittent <input type="checkbox"/> Substitute <input type="checkbox"/> Seasonal <input type="checkbox"/> Worked as needed <input type="checkbox"/> Other: _____	Required Hours for entire membership period: (For part-time members, only) Example: 11/10/2008 – 2/14/2012- 6hrs/day From/To: _____ # of hours: _____ From/To: _____ # of hours: _____	

PART II. UNUSED SICK AND EDUCATIONAL LEAVE AT TIME OF SEPARATION

TOTAL UNUSED SICK LEAVE: _____ DAYS HOURS
BALANCE OF EDUCATIONAL LEAVE CREDITS: _____ DAYS HOURS

PART III. HEALTH AND DENTAL INSURANCE

Type of Coverage	Plan Name	Name(s) of Covered Dependents	Coverage Group (If Applicable)
HEALTH INSURANCE			
DENTAL INSURANCE			

PART IV. CERTIFICATION OF EMPLOYER

Printed Name _____ Title _____ Direct Telephone Number and Extension _____
Signature of Payroll Officer _____ Date _____

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Page 2 of 2

Health and Dental Insurance information should be provided in Part III

Report of Separation for Death (8 of 10)

PART III. HEALTH AND DENTAL INSURANCE			
Type of Coverage	Plan Name	Name(s) of Covered Dependents	Coverage Group (If Applicable)
HEALTH INSURANCE	Kaiser	Jane Doe	
DENTAL INSURANCE	Delta Dental	Jane Doe	

Report of Separation for Death (9 of 10)

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California Public Employees' Retirement System

PLEASE COMPLETE AND FAX TO (916) 795-3988 AS SOON AS POSSIBLE

REPORT OF SEPARATION FOR DEATH – REQUEST FOR PAYROLL INFORMATION

Business Partner CID:	Business Partner:	
Member Name:	SSN xxx-xx- CID:	Date Of Death:

PART I. EFFECTIVE DATES REGARDING SEPARATION

Separation Date: _____ <small>(Note: The last day the member was considered an employee)</small>	Last Day on Pay Status: _____ <small>(Note: This date cannot be after the DOD or Separation date)</small>	Reason for Separation: <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Contract/Assignment Ended <input type="checkbox"/> Other (please explain): _____
Time Base: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intermittent <input type="checkbox"/> Substitute <input type="checkbox"/> Seasonal <input type="checkbox"/> Worked as needed <input type="checkbox"/> Other: _____	Required Hours for entire membership period: (For part-time members, only) Example: 11/10/2008 – 2/14/2012- 6hrs/day From/To: _____ # of hours: _____ From/To: _____ # of hours: _____	

PART II. UNUSED SICK AND EDUCATIONAL LEAVE AT TIME OF SEPARATION

TOTAL UNUSED SICK LEAVE: _____ DAYS HOURS
BALANCE OF EDUCATIONAL LEAVE CREDITS: _____ DAYS HOURS

PART III. HEALTH AND DENTAL INSURANCE

Type of Coverage	Plan Name	Name(s) of Covered Dependents	Coverage Group (If Applicable)
HEALTH INSURANCE			
DENTAL INSURANCE			

PART IV. CERTIFICATION OF EMPLOYER

Printed Name	Title	Direct Telephone Number and Extension
Signature of Payroll Officer	Date	

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Certification of Employer should be provided in Part IV

Report of Separation for Death (10 of 10)

PART IV. CERTIFICATION OF EMPLOYER

<u>Debra Johnson</u>	<u>Personnel Specialist</u>	<u>(999) 555-1234, ext. 2</u>
Printed Name	Title	Direct Telephone Number and Extension
<u><i>Debra Johnson</i></u>		<u>10/03/2019</u>
Signature of Payroll Officer		Date

Lump-Sum Benefits

Lump-Sum Benefits (1 of 3)

Return of Contributions and Interest

Always payable or electable

Includes member contributions

Includes interest through date of death

Minimum amount a beneficiary will receive

Lump-Sum Benefits (2 of 3)

Return of Contributions and Interest

Minimum amount paid if:

- Separated from CalPERS covered employer
- Separation not due to continuous illness or injury
- Passed more than four months from separation date

Lump-Sum Benefits (3 of 3)

Employer Share

Not the employer's contributions

Payable if death was within four months of separation

Payable if separation was due to illness or injury

One month's average earnings for each year worked

Maximum of six months

Monthly Benefits

Monthly Benefits (1 of 3)

Eligibility Requirements

Spouse/partner must be married/registered at least one year, or prior to the onset of illness or injury

If no spouse/partner, payable to unmarried, biological, or adopted children under 18

Monthly Benefits (2 of 3)

1957 Survivor Benefit

Equal to 50% of the service retirement unmodified allowance

Calculated as though member retired on date of death

Credit for unused sick leave, if contracted

Monthly Benefits (3 of 3)

Monthly 1959 Survivor Benefit

Levels of payment

- Schools: 5th level

Eligible survivors

- Spouse/registered domestic partners
- Children/step, including disabled adults



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[Retirement Benefits](#)

[Health Benefits](#)

[Death Benefits](#)

Death Benefits

[Application Process](#)

[Beneficiary Designation](#)

[Benefits Payable](#)

Your Death Benefits

We understand how important it is to make sure you're aware of what benefits are payable and who the beneficiary may be upon a death. We're here to ease this process.

Report a Death

888 CalPERS (or **888-225-7377**)

Questions

Questions & Answers

CalPERS Round Table

Thank you for joining us!

School Employer Advisory Committee