ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

Attachment A

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To Cheree Swedensky Assistant to the board	Fax # 1-916-795-3972
From Stacy Conley Vanhook	Phone # [redacted]

Pages (including this sheet) 3/20/20 Date 3/20/20 ☑ Urgent ☐ Please Reply

Comments

Please reconsider base on incorrect Calpir Information This is what my husband Reggie. Please have respect for a work hard employee. Also extension for me soo I can get a attorney should have gotten one sooner if I knew this was going to happen on top of losing Reggie,

Thank-you

MAR 20 2020

March 20, 2020

Petition For Reconsideration:
Cheree Swedensky:
Assistant to the Board:
Petition for writ of Mandate:

Per Request:

I Anastasia (Stacey) Conley Van Hook is responding to the denial letter received by Calpers, I am once again resubmitting my appeal based on incorrect information given to me and Reginald Van Hook by Calpers and the benefits dept, in Berkeley Calif, on Bonar st, concerning his retirement and death benefits. As Reginald health declined and he became blind I was taking care of all business, I made multiple calls to Calpers, and the district office on Bonar street in Berkeley Calif, to get the information on what I needed as far as paperwork to fill out to make sure I was filling out the information correctly so I would not have any problems in the future.

I was not informed about a deduction that was needed to taken out after Reginald returned home it would have been done at that point ASAP to prevent what is happening now. Reginald and I lived together for years before getting married. I was not aware that common law was not in effect in California until I tried to file for his death benefits even though we were married at the time of his death. To find out I was not covered that he had to be at at home I could not afford to had it taken out to pay for the convalescent per check attached, by the time I found out about the deduction for a year it was too late because he was in the convalescent home. This was not correct Calper's information given to me. I am asking for the Board to reconsider their decision on awarding me benefits.

Sincerely,

Conley VanHook

Anastasia (Stacey) Conley Van Hook

Attachment C

January 27,2020

To whom it may concern:

On behalf of Reginald and Stacey Vanhook, when they were going through the process of receiving the information for support for Stacey, I remember her filling out the forms from which she was told would provide her these benefits, later we discovered it was the wrong information she received from filling out the wrong forms to provide support. Many calls were placed to Calpers to try and correct the mistake before she received the denial letter.

Yours truly,
Sally Theard

Sally Theard

January 27,2020

To whom it may concern per request to letter response of denial of benefits, I am writing this letter of disagreement on the decision of the denial to benefits of spousal support. Due to the incorrect information I received from Calpers back when my husband Reginald Vanhook initially retired in 2010 we both met with a representative at which time Reginald and I did not anticipate that he would be permanently disabled. When Reginald elected me his wife as a beneficiary we were told that it was for spousal support and I qualify. As Reginald health declined I called Calpers as well as going to the district office on Bonor street in Berkeley Calif. to ask for more information to make sure I was doing everything right as time went on I realized that was not told the correct information , what I needed to do prior to Reginald going into a convalescent home, after 2 years I was informed I did not qualify for spousal support Calpers had made a mistake from a second letter I received even though they told us something different the first time. I asked about death benefits, burial insurance, as well, Reginald and I was not given the correct information or we would have done things differently 10 years ago to make sure I was taken care of.

Yours truly,
Stacey Vanhook

Stacey Vanhook

[redacted]

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www.calpers.ca.gov

California Public Employees' Retirement System

Tax Withholding Election for Survivor Benefits Including Benefits Eligible for Rollover

Reginald Van Hook [redacted]

Name of the Deceased Member — Social Security Number \ CalPERS ID Number

You may be eligible for a lump sum and/or monthly benefit. Please complete all applicable sections of this form

Important: Failure to return this form will be considered an election to have taxes withheld

Section 1 Monthly (Periodic Payments) and/or Prorated Payment

There are penalties for not paying enough taxes during the year. Estimated tax requirements and penalties are explained in Internal Revenue Service Publication 505. To order call (800) 829-3676.

Federal Tax Withholding Election

☐ I do not elect to have federal tax withheld from my death benefit payment(s).

☐ I elect to have federal tax withheld based on:

☐ Single _____ (Number of Allowances) ☐ Married _____ (Number of Allowances) ☐ Married, but withhold at higher Single rate _____ (Number of Allowances)

In addition, I elect to have the following amount of federal tax withheld $_____

You can designate a specific dollar amount to be withheld only if you are also withholding based on the tax tables.

California State Tax Withholding Election

☐ I do not elect to have state tax withheld from my death benefit payment(s).

☐ I elect to have state tax withheld based on:

☐ Single _____ (Number of Allowances) ☐ Married _____ (Number of Allowances) ☐ Head of Household _____ (Number of Allowances)

In addition, I elect to have the following amount of state tax withheld $_____

☐ I elect to have State tax withheld in the amount of 10 percent of the amount withheld for federal income tax withholding.

Section 2 Lump Sum(Non-Periodic Payments) Option One and Temporary Annuity Payments

Important

Please consider your election carefully. Once payment has been issued, you cannot make a change. Your decision is final once payment had been made.

IRA Information

A spouse or ex-spouse awarded a community property interest has the right to rollover the taxable portion into a "Qualified IRA" or "Inherited IRA". However, Federal law provides that a non-spouse or same sex spouse beneficiary is subject to 20% withholding unless rolled into an IRA established on their behalf that will be treated as an "Inherited IRA" pursuant to provision of IRC §402(c)(11).

Federal Tax Withholding Election

☑ I do not elect to have the taxable portion of the lump sum benefit payment rolled into an Individual Retirement Account (IRA). I understand that 20 percent federal tax will be withheld.

☐ I elect to have the taxable portion of the lump sum benefit payment rolled into the following Individual Retirement Account (IRA).

Name of Financial Institution _____

Plan Name _____

Account Number _____

Address of Institution _____

City _____ State _____ ZIP Code _____

California Tax Withholding Election

☐ I do not elect to have State tax withheld from my lump sum benefit payment.

☑ I elect to have State tax withheld from my lump sum benefit payment.

my|CalPERS 1192

00000001136151 10

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Put name and Social Security number at the top of every page.

Reginald Vanhook [redacted]

Name of Deceased Member — Social Security Number \ CalPERS ID Number

Section 3 — Lump Sum(Non-Periodic Payments) Retired Death Benefit

IRA Information

A spouse or ex-spouse awarded a community property interest has the right to rollover the taxable portion into a "Qualified IRA," or "Inherited IRA" However, Federal law provides that a non-spouse or same sex spouse beneficiary is subject to 20% withholding unless rolled into an IRA established on their behalf that will be treated as an "Inherited IRA" pursuant to provision of IRC §402(c)(11).

Federal Tax Withholding Election

- ☐ I do not elect to have the taxable portion of the lump sum benefit payment rolled into an Individual Retirement Account (IRA). I understand that 20 percent federal tax will be withheld.
- ☐ I elect to have the taxable portion of the lump sum benefit payment rolled into the following Individual Retirement Account (IRA).

Name of Financial Institution

Plan Name

Account Number

Address of Institution

City — State — ZIP Code

California Tax Withholding Election

- ☐ I do not elect to have State tax withheld from my lump sum benefit payment.
- ☑ I elect to have State tax withheld from my lump sum benefit payment.

Section 4 — Tax Election Declaration

By signing here, I hereby make the elections checked above

Anastasia Stacy Carley Vanhook [redacted]

Your Signature — Social Security Number or Tax Identification Number

Vanhook 11/4/18

Date (mm/dd/yyyy)

Be sure to sign this form if you make an election. Otherwise, we will return the form for your signature, which will delay payment if you are the beneficiary.

Important: Failure to return this form will be considered an election to have taxes withheld

Mail to: CalPERS Benefit Services Division P.O. Box 1652, Sacramento, California 95812-1652

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11/28/18

From: Stacey Conley Vanhook.
Re: Survior Benefit Division

Re: Reginald Vanhook
Calpers ID: [redacted]

per request:
This a written dispute for Spousal benefit. As Reggie Vanhooks wife I would appreciate your reconsideration of this issue. Please contact me asap

Thank-you
Stacey Conley Vanhook

Faxed

cc: Vanessa

1 800 959. 6545

******DIRECT DEPOSIT ENROLLMENT FORM******

Authorization to Receive Reimbursements by Direct Deposit (ACH Credit)

I handled this!

Berkeley USD - Retiree Reimbursement Plan
Company Name

Reginald Vanhook [redacted]
Retiree Name

[redacted] e Number

Ver[redacted] Notification of Deposit

Mechanic
Name of DEPOSITORY (Bank Name)

Checking ☑ Savings ☐ [redacted]

Branch Address

City / State / Zip

BANK ROUTING NUMBER	YOUR ACCOUNT NUMBER

I (we) hereby authorize BASIC pacific to initiate credit entries to the checking or savings account designated above at the financial institution named above, hereinafter referred to as DEPOSITORY, and to credit the same to such account. This authority will remain in full force and effect until BASIC pacific has received *written* notification from me of its termination in such time and in such manner as to afford BASIC pacific and DEPOSITORY a reasonable opportunity to act on it.

Signature

Date

Attach "VOID" check here

NAME
ADDRESS
CITY, STATE ZIP

0123
51-2345/6789

DATE

PAY TO THE ORDER OF $

DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR

⑆012345678⑆ 0123456789012 3⑈ 0123

Bank Routing Number | Bank Account Number | Check Number

Deposit slips are not acceptable

Submit completed form directly to: **BASIC pacific**
FAX to (916) 303-7083 or Email to: customerservice@BASICpacific.com
P.O. Box 2170, Rocklin, CA 95677
For Questions: Customer Service Phone (916) 303-7090 or (800) 574-5448

BP Use ONLY –

UPDATED 11/12/2016

1 13 1210201

CalPERS

Post Retirement Lump Sum Beneficiary Designation

888 CalPERS (or 888-225-7377) • TTY for Speech & Hearing Impaired (916) 795-3240

Section 1

When completing this form, be sure to clearly print with a ballpoint pen or type your information. To make a correction line through the error and initial the change. Designation forms with erasures or correction fluid will not be accepted.

Member Information

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or domestic partner as beneficiary, they may still be entitled to a community property share of my lump sum contributions. My non-spouse or non-partner designated beneficiaries will receive the portion of my lump sum benefits that is not payable to my spouse or domestic partner as their community property share.

Reginald Vanhoook [redacted]

Name of Member (First Name, Middle Initial, Last Name) Social Security Number

[redacted] [redacted]

Date of Birth (mm/dd/yyyy) Daytime Phone

Check either Box 1 or Box 2. If you check Box 2, also indicate benefit type.

1 ☑ I hereby designate the following person(s) who survive me, share and share alike, as beneficiaries for any lump sum death benefits payable under the Public Employees' Retirement Law in the event of my death as a retired person.

or

2 ☐ I hereby designate separate beneficiaries for the various lump sum benefits that may be payable. This designation is for:

☐ Retired Death Benefit ☐ Option 1 Balance

☐ Temporary Annuity Balance ☐ Option 4 - Option 1 Balance

Section 2

If you're naming more than three primary beneficiaries to share benefits, see page 6 before completing.

Primary Beneficiaries

Stacey Vanhoook

Name of Beneficiary (First Name, Middle Initial, Last Name)

Wife [redacted]

Relationship to Member Social Security Number

Address

City State ZIP Code

Name of Beneficiary (First Name, Middle Initial, Last Name)

Relationship to Member Social Security Number

Address

City State ZIP Code

Name of Beneficiary (First Name, Middle Initial, Last Name)

Relationship to Member Social Security Number

Address

City State ZIP Code

LIVES PROGRAMMER CALPERS 2010 DEC 10 AM 10 20 DDC - 1

Mail to: CalPERS Benefit Services Division • PO Box 942711, Sacramento, California 94229-2711

PERS BSD 509P (2/06)

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Put name and Social Security number at the top of every page

Reginald Vanhook

Name of Member | Social Security Number

Section 3 — Secondary Beneficiaries

If you're naming more than two secondary beneficiaries to share benefits, see page 6 before completing

In the event I survive the person(s) named as primary beneficiary, I hereby designate the following person(s) who survive me share and share alike, as beneficiaries

Name of Beneficiary (First Name Middle Initial Last Name)

Relationship to Member | Social Security Number

Address

City | State | ZIP Code

Name of Beneficiary (First Name Middle Initial Last Name)

Relationship to Member | Social Security Number

Address

City | State | ZIP Code

Section 4 — Member Acknowledgement

Before submitting your completed form, be sure to make a copy to keep with your important retirement information

Should I survive all of the persons named, I understand that the benefits payable upon my death will be paid to my statutory beneficiaries or to such other beneficiary or beneficiaries that I may hereafter designate in writing to CalPERS, all in accordance with applicable provisions of law

By this beneficiary designation I hereby revoke any previous designation I have filed I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation

I understand that a designation filed after the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will not be revoked when the legal process is finalized

☐ I certify under penalty of perjury that I am not legally married or in a registered domestic partnership (never married or in a domestic partnership, divorced or terminated, or widowed)

Signature of Member | 12/8/10 Date (mm/dd/yyyy)

Section 5 — Spouse's or Domestic Partner's Acknowledgement

You must complete a *Justification for Absence of Spouse's or Domestic Partner's Signature* form if you're married or in a registered domestic partnership and your spouse or domestic partner is unable to sign this designation form

By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse or domestic partner I also hereby state that I am the current spouse or domestic partner **If no spouse's or domestic partner's signature or certification is included, the Justification for Absence of Spouse's or Domestic Partner's Signature form must be completed**

Sharon Vanhook | 12/8/10

Signature of Spouse or Domestic Partner | Date (mm/dd/yyyy)

Date of Marriage or Partnership (mm/dd/yyyy)

Mail to: CalPERS Benefit Services Division • PO Box 942711, Sacramento, California 94229-2711

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Put name and Social Security number at the top of every page

Reginald Vanhook

Name of Member | Social Security Number

Section 3 — Secondary Beneficiaries

If you're naming more than two secondary beneficiaries to share benefits, see page 6 before completing

In the event I survive the person(s) named as primary beneficiary, I hereby designate the following person(s) who survive me share and share alike, as beneficiaries

Name of Beneficiary (First Name Middle Initial Last Name)

Relationship to Member | Social Security Number

Address

City | State | ZIP Code

Name of Beneficiary (First Name Middle Initial Last Name)

Relationship to Member | Social Security Number

Address

City | State | ZIP Code

Section 4 — Member Acknowledgement

Before submitting your completed form, be sure to make a copy to keep with your important retirement information

Should I survive all of the persons named, I understand that the benefits payable upon my death will be paid to my statutory beneficiaries or to such other beneficiary or beneficiaries that I may hereafter designate in writing to CalPERS, all in accordance with applicable provisions of law

By this beneficiary designation I hereby revoke any previous designation I have filed I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation

I understand that a designation filed after the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will not be revoked when the legal process is finalized

☐ I certify under penalty of perjury that I am not legally married or in a registered domestic partnership (never married or in a domestic partnership, divorced or terminated, or widowed)

Signature of Member | Date (mm/dd/yyyy) 12/8/10

Section 5 — Spouse's or Domestic Partner's Acknowledgement

You must complete a *Justification for Absence of Spouse's or Domestic Partner's Signature* form if you're married or in a registered domestic partnership and your spouse or domestic partner is unable to sign this designation form

By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse or domestic partner I also hereby state that I am the current spouse or domestic partner **If no spouse's or domestic partner's signature or certification is included, the Justification for Absence of Spouse's or Domestic Partner's Signature form must be completed**

Sharon Vanhook | 12/8/10

Signature of Spouse or Domestic Partner | Date (mm/dd/yyyy)

Date of Marriage or Partnership (mm/dd/yyyy)

Mail to: CalPERS Benefit Services Division • PO Box 942711, Sacramento, California 94229-2711

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www.calpers.ca.gov

California Public Employees' Retirement System

July 31, 2017

Reginald Van Hook
[redacted]

Stacey In Conservator name

CalPERS ID: [redacted]

Dear Reginald Van Hook,

Your ***Modification of Original Election at Retirement*** request has been processed. You elected Option 2 and named Anastasia S. Conley as your option beneficiary(ies).

Your election is effective 09/01/2018 and your benefit will be reduced on your 10/01/2018 retirement check. Your new gross retirement benefit is $953.91. This amount does not reflect any deductions you have authorized from your monthly retirement benefit.

If you have any questions, please visit our website at **www.calpers.ca.gov** or you may call us toll free at **888 CalPERS** (or 888-225-7377).

Retirement Application and Calculation Section

my|CalPERS 2314

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California Public Employees' Retirement System

MODIFICATION OF ORIGINAL ELECTION AT RETIREMENT ESTIMATE

Member Name: Reginald Van Hook
CalPERS ID: [redacted]
Birthdate: [redacted]
Gender: Male

Document Date: 07/05/2017
Retirement Effective Date: 09/01/2009
Retirement Type: Disability Retirement
Current Option: Option 1

Modification of Option Information

Effective Date of Change: 09/01/2018
Retired Member's Age (To Nearest Year): 61
Beneficiary's Age (To Nearest Year): 64

Please note that the effective date of the change to your benefit has been deferred 12 months.

New Election Beneficiary Information

Beneficiary Name	Date of Birth	Gender	Primary
Anastasia S. Conley	[redacted]	Female	Yes

THE FOLLOWING OPTION AMOUNTS WERE CALCULATED USING YOUR CURRENT GROSS BENEFIT OF $1,332.37.

In lieu of the amount shown above, you may, under California Government Code Section 21464, elect one of the following Optional Settlements and designate Anastasia S. Conley as beneficiary(ies).

New Election Information

Option	Your reduced gross monthly benefit	Upon your death, your new beneficiary's gross monthly benefit will be:
2	$953.91	Anastasia S. Conley: $953.91
2W**	$982.79	Anastasia S. Conley: $982.79
3	$1,112.60	Anastasia S. Conley: $556.25
3W**	$1,131.89	Anastasia S. Conley: $565.95

All listed benefit amounts do not include your authorized deductions.

**Options 2W, 3W & 4: As an alternative to Option 2 or Option 3, you may elect to receive the higher Option 2W or Option 3W benefit, or the Option 4 benefit, with the understanding that you forfeit your right to a "pop-up" benefit increase in your monthly benefit upon the death or removal of your beneficiary.

1234567890123456

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California Public Employees' Retirement System

MODIFICATION OF ORIGINAL ELECTION AT RETIREMENT

Document Date: 07/05/2017
Member Name: Reginald Van Hook

CalPERS ID: [redacted]
Due Date: 08/31/2017

Election

I understand that as elected at retirement, I am entitled to continue to receive a lifetime monthly benefit currently paying a gross amount of $1,332.37 (includes COLA and PPPA, if applicable).

I understand I may now, under California Government Code section 21464, elect to modify (reduce) my current lifetime monthly benefit to provide a benefit to the following beneficiary(ies):

Anastasia Conley
if he/she survives me at my death.

I fully understand the meaning of this election.

I now choose to have my current benefit modified and elect to receive OPTION 3 effective 09/01/2018 in the amount of $ 953.91 as described on the first page of this form and designate the person indicated above as my beneficiary.

A CHANGE TO THIS ELECTION MUST BE MADE WITHIN 30 DAYS OF ISSUANCE OF THE FIRST PAYMENT MADE UNDER THIS ELECTION.

Member's Signature

Anastasia F Conley
Spouse's or Domestic Partner's Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of Contra Costa

On 07-14-2017 (Date (mm/dd/yyyy)) before me, MB Barbieri notary public (Name of Notary or CalPERS Representative),

personally appeared Anastasia F. Conley, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under **Penalty of Perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal
or
authorized CalPERS Representative signature.

MB Barbieri

(Notary Seal)

MB BARBIERI
COMM. # 2179323
NOTARY PUBLIC - CALIFORNIA
CONTRA COSTA COUNTY
My Comm. Exp. January 12, 2021

my|CalPERS 2318

1234567890123456

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Signature of Notary Public or CalPERS Representative	Position/Title	Date (mm/dd/yyyy)
Printed Name	CalPERS office (if applicable)	

1234567890123456

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California Public Employees' Retirement System

Justification For Absence Of Spouse Or Registered Domestic Partner's Signature

Pursuant to Government Code Section 21261, your current spouse or registered domestic partner must be made aware of your selection of benefits or change in beneficiary. Your spouse or registered domestic partner must acknowledge your election of a retirement payment option and/or designation of beneficiary for death benefits.

If a spouse or registered domestic partner's signature does not appear on your election of a retirement payment option and/or designation of beneficiary for death benefits, you MUST complete and submit this form with your application for retirement, ***Post-Retirement Lump-Sum Beneficiary Designation*** form, ***Post-Retirement Nonmember Lump-Sum Beneficiary Designation*** form, or ***Modification of Original Election at Retirement*** form. If you have any questions please visit our website www.calpers.ca.gov, or you may contact us toll free at **888 CalPERS** (or **888-225-7377**).

Name	CalPERS ID
Reginald Van Hook	[redacted]
Name of Form	
Modification of Original Election at Retirement	

Select either 1 or 2 and indicate specifics:

1. ☐ By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
   - ☐ Never married or never in registered domestic partnership.
   - ☐ Divorced/marriage annulled or registered domestic partnership terminated. _____ Date (mm/dd/yyyy)
   - ☐ Widowed. _____ Date (mm/dd/yyyy)

2. ☑ By checking this box, I indicate that I am married or have a registered domestic partner, but my spouse or registered domestic partner did not sign this form because:
   - ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner, **OR**,
   - ☐ My spouse or registered domestic partner has been adviced of the application and has refused to sign the written acknowledgement; **OR**,
   - ☑ My spouse or registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **OR**,
   - ☐ My spouse or registered domestic partner has no identifiable community property interest in the benefit; **OR**
   - ☐ My spouse or registered domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

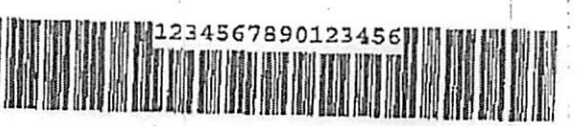
I certify under penalty of perjury that the foregoing information is true and correct.

YOUR SIGNATURE	DATE SIGNED

You may scan and upload this form into my|CalPERS or mail it to the address below:

Mail To:	CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

my|CalPERS 0775



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www.calpers.ca.gov

California Public Employees' Retirement System

August 08, 2017

Reginald Van Hook
[redacted]

CalPERS ID: [redacted]

Cancelled

Dear Reginald Van Hook,

In accordance with your recent request, we have cancelled your ***Modification of Original Election at Retirement.***

If you wish to re-apply at a later date, you must submit a new request at that time. You can apply in person or by mail.

Please keep in mind that your effective date will be deferred 12 months if your request is not received within 12 months of the qualifying event.

If you have any questions, please visit our website at **www.calpers.ca.gov**, or you may contact us toll free at **888 CalPERS** (or **888-225-7377**).

Retirement Application and Calculation Section

Stacy Vanhook cancelled
not reggie my husband!

Stacy Conley
Van hook

my|CalPERS 2313

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www.calpers.ca.gov

California Public Employees' Retirement System

March 09, 2017

Reginald Van Hook
[redacted]

CalPERS ID: [redacted]

Dear Reginald Van Hook:

We have enclosed the ***Modification of Original Election at Retirement*** election form in response to your request for a possible change of beneficiary. Please review it carefully. The option amounts quoted are gross benefit amounts and do not reflect any deductions you have authorized from your monthly retirement benefit.

If you decide to elect a change in beneficiary, please complete all sections of the form. Your signature and your spouse's or domestic partner's signature must be notarized by a Notary Public or witnessed by a California Public Employees' Retirement System (CalPERS) representative at any CalPERS office. The completed election document should be returned to CalPERS by 04/30/2017 for processing. If the completed election form is not returned by the due date, CalPERS will assume that you have decided not to elect to change your option and your request will be closed.

Please be aware your election does not become effective until 05/01/2018. There is a delay in the effective date when the election is made 12 months or more after the date of a member's qualifying event. The election will only be effective if both you and your designated beneficiary are alive on the effective date. Should your circumstances change, please notify CalPERS at the address above before the effective date of your election.

If you elect Option 2 or 3, you retain your right to an increase in your gross monthly benefit upon the death of your named beneficiary. If you elect to receive the higher Option 2W or 3W benefit, or the Option 4 benefit, you forfeit your right to an increase in your monthly benefit upon the death of your beneficiary.

If your current spouse or domestic partner is covered under your CalPERS health insurance, his/her coverage will only be continued if you elect an option that provides a monthly life option benefit (i.e., Options 2, 2W, 3, 3W, or 4) to your spouse or domestic partner in the event of your death.

Retirement Application and Calculation Section

Enclosure

my|CalPERS 2318

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CalPERS

P.O. Box 1652 Sacramento, CA 95812-1652
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-1281
www.calpers.ca.gov

California Public Employees' Retirement System
Benefit Services Division

May 31, 2018

PLEASE KEEP FOR FUTURE REFERENCE

Reply to: Section 440
Refer to: [redacted]

Reginald Van Hook
[redacted]

I requested

Dear Mr. Van Hook,

This is regarding the May 23rd request from your attorney-in-fact for information about the benefits that may be payable upon your death. I understand you married Stacey Van Hook in 2010 so this letter includes information about your right to change to an option that will give her a monthly death benefit. Thank you for your patience in awaiting this reply.

You retired on September 1, 2009 under Option 1 and your retirement benefit is $1,360.84 per month. Your retirement allowance is payable for your lifetime along with future cost-of-living increases. Under Option 1 any retirement contributions that are not used to fund the annuity portion of the retirement allowance are payable as a lump sum death benefit. In your case, you had $62,853.36 in your contribution account when you retired and this amount is reduced by the monthly annuity portion of $492.95. If you were to pass away now the Option 1 balance would be about $11,125.00. It will take about 22 ¼ more months before this amount is reduced to zero at which time there would be no benefit payable under Option 1. On December 8, 2010, you designated your wife as the beneficiary. And, if she does not survive you then this benefit would be payable to your closest surviving family member(s).

Under Option 1 no monthly allowance would be paid to anyone upon your death. However, your marriage after retirement is an event that gives you the right to modify your original option to give your wife a monthly death benefit under another option.

If you are interested in receiving information about modifying your option, there is a new on-line process to apply for a modification of option. Please go online to **my.calpers.ca.gov** and follow the prompts from the **Retirement** tab to **Change Retirement Benefit**. You will be able to create and save the estimate to modify your option under the various retirement options. The system will estimate your reduced

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May 31, 2018

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Reply to: Section 440
Refer to: [redacted]

Re: Reginald Van Hook
[redacted]

I requested this be sent to home! obviously Reggie could not c & handle

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retirement allowance amount and the amount that your wife could receive as the new beneficiary. You can then elect to make the change online or you can print and mail your signed election document. You will need to submit a copy of your marriage certificate and proof of your spouse's age such as copy of his/her birth certificate or his/her driver's license. Again, when you log into your "my|CalPERS account" and follow the tabs there will be further instructions. If you do not have access to a computer, you may call us toll free at **888 CalPERS** (or 888-225-7377) and we will mail you a ***Modification of Option and/or Life Option Beneficiary Estimate Request*** form.

There is no obligation to make this type of change which would cause a reduction in your retirement benefit. And, there will be a one-year waiting period before your retirement allowance is reduced. If you should pass away before the future modification of option date, or if you decide not to modify your option then your wife will not receive a monthly death benefit.

There is also a $2,000.00 lump sum Retired Death Benefit. This benefit is payable to your wife as the primary beneficiary. If your wife does not survive you, the order of payment to family member(s) is: spouse or registered domestic partner, children (excluding step-children), parents, siblings, probated estate or trust. Your designation can be changed at any time on-line by using the self-service feature under your my|CalPERS account. Or, by completing the lump sum beneficiary form (BSD-509P) contained in the *"Changing Your Beneficiary or Monthly Benefit after Retirement"*, PUB-98 booklet.

Mr. Van Hook, I hope this information is helpful to you for financial and estate planning purposes.

Sincerely,

Maria Aranda

Maria Aranda, Retired Annuitant
Survivor Benefits Section

Enclosures: PUB-98 booklet

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