

MEMBER

Complete this form, sign, date and forward to your Employer.

EMPLOYER

Use this form as a coversheet for the employee's job description and other documents you submit to CalPERS.

Member SSN

Member Name

Position/Occupational Title

Employer/Agency Name

I have submitted an application for disability retirement with the California Public Employees' Retirement System (CalPERS). I am submitting this letter to you (my employer) on behalf of CalPERS. CalPERS is seeking information to substantiate my disability.

As soon as possible, please send CalPERS the duty statement/job description for the position I held. Please include a copy of all accident reports, medical reports, and personnel actions filed within the past five years. These documents must be identified with my name and Social Security number. If you have additional comments, please submit them.

CalPERS requires the physical requirements of my position/occupational title. I will be contacting you so we can complete the Physical Requirements of Position/Occupational Title form for my position. At that time, a copy of my duty statement/job description that you sent to CalPERS must be provided to me. Both the duty statement/job description and the Physical Requirements of Position/Occupational Title form will be presented to my physician to assist in the evaluation of my disability retirement.

When the CalPERS determination of disability is completed, they will inform you. When you are notified of their determination, you will have the right to appeal the approval/denial of the application for disability retirement for the medical condition stated, in accordance with Section 555.3, Title II, California Code of Regulations by filing a written request with CalPERS within 30 days of the mailing of the determination letter. An appeal, if filed, should set forth the factual basis and legal authorities for such appeal.

Under the law, if a person (other than my employer) caused an injury that results in certain CalPERS benefits being paid, CalPERS has the right to recover up to one-half of the total retirement benefit costs payable from the responsible party. This right is known as a "right of subrogation" (Government Code Section 20250, et seq.).

Please advise CalPERS if you are aware of any claim (other than a Workers' Compensation claim) against any person or entity for the same injuries that also entitle me to a disability retirement from CalPERS.

Authorization to Release Information

The purpose of this authorization is to assist CalPERS in determining my right to retirement or reinstatement under the Retirement Law, pursuant to Government Code Section 20128, and for no other purpose. This authorization will be valid for four years from the date shown below. A photographic copy of this authorization shall be as valid as the original.

Member Signature

Date

Benefit Services Division, P.O. Box 2796, Sacramento, CA 95812-2796 Telecommunications Device for the Deaf – (916) 795-3240 • FAX (916) 795-1280 • (888) CalPERS (225-7377)