Justification for Absence of Spouse’s or Registered Domestic Partner’s Signature

Section 1

Member Information

Please include the month, day, and year for all dates as follows: mm/dd/yyyy.

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

Pursuant to Government Code Section 21261, a member’s current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by the member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

If a spouse’s or registered domestic partner’s signature does not appear on one of the above-named documents, the following information must be completed by the member.

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 advised of the application and has refused to sign the written acknowledgment; or
   - □ My spouse or registered domestic partner is incapable of executing the acknowledgment 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.

Section 2

Information Certification

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

Signature of Member    Date (mm/dd/yyyy)

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

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees’ Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS’ first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:
1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).

May 2016