

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

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Section 1

Member Information Name of Member (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID Pursuant to Government Code section 21261, an election of optional settlement, designation of beneficiary, or change in beneficiary shall contain the signature of the current spouse or registered domestic partner unless the retirement payment option provides him or her 100 percent of the member's monthly allowance and he or she was also named as the sole beneficiary for any lump-sum benefits. If a spouse's or registered domestic partner's signature is required and he or she is unable to sign the retirement application or beneficiary designation form, the following information must be completed by the member. 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. Information Certification

Section 2

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

Signature of Member Date (mm/dd/yyyy)

Mail to:

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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
- 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).

