



Disability Retirement Election Application

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

For detailed instructions on how to complete this form, please refer to the publication *Disability Retirement Election Application* (PUB 35).

Employer Information

Check if this is an employer-originated application.

Employer must fill out and sign Section 14 on the last page of this application.

Application Type

Disability Retirement

Industrial Disability Retirement

Service Pending Disability Retirement

Service Pending Industrial Disability Retirement

Section 1

Please provide your name as it appears on your Social Security card.

Information About You

Your Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Address

City | State | ZIP | Country

Birth Date (mm/dd/yyyy) | Male Female | () | ()
Gender | Daytime Phone | Alternate Phone

Email Address

Section 2

Please enter the last day you were on payroll with a CalPERS-covered employer.

Information About Your Retirement

Last Day on Payroll (mm/dd/yyyy) | Your Retirement Date (mm/dd/yyyy)

Employer Full Name | Full Position Title

Other California Public Retirement Systems

If you are a member of a California public retirement system other than CalPERS, please complete the following:

Name of Reciprocal System

Last Day of Employment With Reciprocal System (mm/dd/yyyy) | Retirement Date With Reciprocal System (mm/dd/yyyy)

Section 3

Disability Information

Please complete all the questions. If you need additional space, attach separate sheets and be sure to include your name and Social Security number or CalPERS ID on all sheets.

What is your specific disability? _____

When did the disability occur? (mm/dd/yyyy) _____

How did the disability occur? _____

What are your limitations/preclusions due to your injury or illness? _____

How has your injury or illness affected your ability to perform your job? _____

Are you currently working in any capacity? No Yes

If yes, what is your employment status? Full time Part time

Job duties: _____

Other information you would like to provide: _____

If you indicated a third-party liability, CalPERS will require additional information.

Did a third party cause your injury? No Yes (If yes, CalPERS has a potential "right of subrogation.")

Section 4

Treating Physician Detail

What is the complete name and address of your treating physician(s)?

First Name | Last Name | Your Medical Record Number

Address

City | State | ZIP | Country

Specialty | Secondary Specialty | Phone Number ()

Your Name	Social Security Number or CalPERS ID
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Section 5

Select Your Retirement Payment Option

Choose one of the following retirement payment options.

Your retirement payment option choice becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary or a change in marital status.

<input type="checkbox"/> Unmodified Allowance	There is no beneficiary designation with this option. Skip to Section 7.
<input type="checkbox"/> Return of Remaining Contributions Option 1	Complete your beneficiary designation in Section 6c.
<input type="checkbox"/> 100 Percent Beneficiary Option 2 with Benefit Allowance Increase	Complete your beneficiary designation in Section 6a.
<input type="checkbox"/> 100 Percent Beneficiary Option 2	Complete your beneficiary designation in Section 6a and 6c.
<input type="checkbox"/> 50 Percent Beneficiary Option 3 with Benefit Allowance Increase	Complete your beneficiary designation in Section 6a.
<input type="checkbox"/> 50 Percent Beneficiary Option 3	Complete your beneficiary designation in Section 6a and 6c.
<input type="checkbox"/> Flexible Beneficiary Option 4	Choose one of the options below.
<input type="checkbox"/> Specific Percentage	Complete your beneficiary designation in Section 6b.
<input type="checkbox"/> Specific Dollar Amount	Complete your beneficiary designation in Section 6b.

If you are required by a court order to designate your nonmember spouse or partner for an ongoing monthly benefit, choose one of the Court-Ordered Community Property Option 4 options for your share of the benefit.

Court-Ordered Community Property Option 4 | Provide your former spouse/partner's information and choose one of the options below for your share of the benefit.

Former Spouse/Former Registered Domestic Partner (First Name, Middle Initial, Last Name)	Social Security Number or CalPERS ID
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<input type="checkbox"/> Unmodified Allowance	There is no beneficiary designation with this option. Skip to Section 7.
<input type="checkbox"/> Return of Remaining Contributions Option 1	Complete your beneficiary designation in Section 6c.
<input type="checkbox"/> Specific Percentage	Complete your beneficiary designation in Section 6b.
<input type="checkbox"/> Specific Dollar Amount	Complete your beneficiary designation in Section 6b.

Section 6a

Complete Your Beneficiary Information – Ongoing Monthly Benefit

The beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary or a change in marital status.

If you chose one of the following options, name one beneficiary to receive the ongoing monthly benefit upon your death.

- 100 Percent Beneficiary Option 2 with Benefit Allowance Increase
- 100 Percent Beneficiary Option 2
- 50 Percent Beneficiary Option 3 with Benefit Allowance Increase
- 50 Percent Beneficiary Option 3

Name (First Name, Middle Initial, Last Name)	Social Security Number or CalPERS ID
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Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You
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Address

City	State	ZIP	Country
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Your Name | Social Security Number or CalPERS ID

Section 6b

Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

Any beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary or a change in marital status.

If you chose one of the following options, name one or more beneficiaries to receive a specific percentage or dollar amount of your Unmodified Allowance upon your death.

- Flexible Beneficiary Option 4/Specific Percentage or Specific Dollar Amount
• Court-Ordered Community Property Option 4/Specific Percentage or Specific Dollar Amount

Complete all fields for each beneficiary and specify the percentage or dollar amount. If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

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

Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar Amount (\$) | Percent of Benefit (%)

Address

City | State | ZIP | Country

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

Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar Amount (\$) | Percent of Benefit (%)

Address

City | State | ZIP | Country

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

Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar Amount (\$) | Percent of Benefit (%)

Address

City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

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

Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar Amount (\$) | Percent of Benefit (%)

Address

City | State | ZIP | Country

Your Name | Social Security Number or CalPERS ID

Section 6c

Complete Your Beneficiary Information – Return of Remaining Contributions

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

If you chose one of the following options, name one or more beneficiaries to receive a return of any of your remaining member contributions. You can change this beneficiary designation at any time.

- Return of Remaining Contributions Option 1
100 Percent Beneficiary Option 2
50 Percent Beneficiary Option 3
Court-Ordered Community Property Option 4/Return of Remaining Contributions Option 1

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Priority (Primary/Secondary) | Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Priority (Primary/Secondary) | Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Priority (Primary/Secondary) | Percent of Benefit
Address
City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Priority (Primary/Secondary) | Percent of Benefit
Address
City | State | ZIP | Country

Your Name | Social Security Number or CalPERS ID

Section 7

Retired Death Benefit – Beneficiary Designation

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

Name one or more beneficiaries to receive the Retired Death Benefit upon your death. The amount payable is based on your employer's contract with us. You can change this beneficiary designation at any time.

If you were last employed with another California public retirement system, this benefit is not payable.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Male Female | Relationship to You | Primary Secondary | %
Gender | Priority | Percent of Benefit

Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Male Female | Relationship to You | Primary Secondary | %
Gender | Priority | Percent of Benefit

Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Male Female | Relationship to You | Primary Secondary | %
Gender | Priority | Percent of Benefit

Address
City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Male Female | Relationship to You | Primary Secondary | %
Gender | Priority | Percent of Benefit

Address
City | State | ZIP | Country

Your Name _____ Social Security Number or CalPERS ID _____

Section 8

Survivor Continuance Information

1. Will you be married or in a registered domestic partnership on your retirement date? No Yes, provide:

Name of Spouse/Registered Domestic Partner (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____ Date of Marriage or Registered Domestic Partnership _____

Address _____

City _____ State _____ ZIP _____ Country _____

2. Do you have any natural or legally adopted unmarried children under age 18? No Yes, provide:

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

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____

Address _____

City _____ State _____ ZIP _____ Country _____

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

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____

Address _____

City _____ State _____ ZIP _____ Country _____

3. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? No Yes, provide:

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

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____

Address _____

City _____ State _____ ZIP _____ Country _____

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

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____

Address _____

City _____ State _____ ZIP _____ Country _____

Section 8 continues on page 8

Your Name Social Security Number or CalPERS ID

Section 8, continued

Survivor Continuance Information, continued

4. Are your parents dependent upon you for one-half of their support? No Yes, provide:

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

Birth Date (mm/dd/yyyy) Male Female
Gender

Address

City State ZIP Country

Section 9

Workers' Compensation Detail

Do you have any workers' compensation claims? Yes No

Claim Number(s) Date of Injury (mm/dd/yyyy) Body Part(s)

Workers' Compensation Carrier

Adjuster: First Name Last Name

() ()
Phone Number Fax Email

Address of Workers' Compensation Claim Carrier

City State ZIP

Section 10

Tax Withholding Election

Please choose one only.

Federal Income Tax information:

- Do not withhold federal income tax.
- Withhold federal income tax based on the tax tables for:
 - A married individual with _____ tax withholding allowances.
Number
 - A single individual with _____ tax withholding allowances.
NumberIn addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars
- A married individual, but withhold at the higher single rate with _____ tax withholding allowances.
Number

Please choose one only.

State Income Tax information:

State withholding is optional for out-of-state residents.

- Do not withhold State of California income tax.
- Withhold State of California income tax in the amount of \$ _____ per month.
Dollars
- Withhold State of California income tax based on the tax tables for:
 - A married individual with _____ tax withholding allowances.
Number
 - A single individual with _____ tax withholding allowances.
Number
 - A head of household individual with _____ tax withholding allowances.
NumberIn addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars
- Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Your Name _____ Social Security Number or CalPERS ID _____

Section 11

Direct Deposit Information

Do not complete this section if you want to receive your retirement checks by U.S. mail.

*To comply with NACHA regulations regarding international ACH transactions, CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

I certify I am entitled to receive this payment. I authorize my payment to be sent to my financial institution and deposited to my designated account. I understand CalPERS does not accept a prepaid debit card as a payment option. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.*

Checking **Savings** **Individual** **Joint** **Trust Account****

Routing Number (nine digits) _____ Account Number _____

If you are authorizing your payment to your savings account **or** do not have pre-printed, personalized checks, please have your financial institution complete the information below.

Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. **No deposit slips.**)

Name of Financial Institution () Branch Phone Number

Address

City State ZIP

You confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative Print Representative's Name Date (mm/dd/yyyy)

**** Trust Account**
You also need to complete and submit a **Payment of Monthly Allowance to a Trust (Annuitant)** form available at www.calpers.ca.gov.

You can view and print your benefit statement, which shows your total deposit amount, including any reimbursements or authorized deductions, at my.calpers.ca.gov.

Information About Joint Account Holder, if applicable

Name Social Security Number or CalPERS ID

Address () Daytime Phone

City State ZIP

Section 12

CalPERS Health Coverage

If you are currently enrolled in your own right for CalPERS health benefits, you can continue your health enrollment into retirement with no break in coverage.

If you do not want health coverage, you must cancel retiree health coverage by declining coverage below. You may be eligible to enroll in health coverage during the next Open Enrollment period.

I decline continuation of my CalPERS health coverage into retirement.

Section 13

Member Signature and Notary

This section must be completed or your application will be returned.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. **I understand that to cancel this application or to change my elected retirement payment option or lifetime beneficiary(ies) I must notify CalPERS within 30 days of the issuance of my first retirement benefit check.**

Your signature and your spouse's or registered domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative.

I understand that if I am married or in a registered domestic partnership and do not name my spouse or domestic partner as my beneficiary for an ongoing monthly benefit or return of any remaining contributions upon my death, he or she may still be entitled to receive his or her share of my community property interest. I understand my spouse or domestic partner will have the right to disclaim entitlement to his or her community property interest at the time any death benefit(s) become payable.

If you cannot obtain your spouse's or registered domestic partner's signature, you must complete and submit the **Justification for Absence of Spouse's or Registered Domestic Partner's Signature** form.

Are you legally married or do you have a legal domestic partner? Yes No

If yes, your spouse or domestic partner must sign this election.

- If no, please indicate: Never Married or in Domestic Partnership
- Divorced, Annulled, or Domestic Partnership Terminated
- Widowed

Your Signature | Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature | Date (mm/dd/yyyy)

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 _____

On _____ before me, _____
Date | Name of Notary/Witness

personally appeared _____, 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.

Notary Seal

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

Signature of Notary or CalPERS Representative | Position Title | Date (mm/dd/yyyy)

Print Name | CalPERS Office (if applicable)

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**).