A Guide to Completing Your CalPERS Disability Retirement Election Application
Supplemental Information

Appends the following CalPERS member publications:

- Your CalPERS Benefits – Planning Your Service Retirement
  (PUB 1, October 2016)
- A Guide to Completing Your CalPERS Service Retirement Election Application
  (PUB 43, September 2016)
- A Guide to Completing Your CalPERS Nonmember Service Retirement Election Application
  (PUB 44, October 2016)
- A Guide to Completing Your CalPERS Disability Retirement Election Application
  (PUB 35, December 2016)

Assembly Bill 2404 (Cooley), also known as Retirement Option Simplification, recently passed and may affect some of the information contained in this publication. If your planned retirement date is before January 1, 2018, this legislation does not affect you.

For members who plan on retiring on or after January 1, 2018, the retirement payment options have been consolidated and renamed to make the choices easier to understand. CalPERS is in the process of updating the publication content to reflect these changes.

If your planned retirement date is on or after January 1, 2018, please note:

- You can get an estimate with the new retirement options beginning June 17, 2017, by accessing your personal myCalPERS account at my.calpers.ca.gov, or by completing a new estimate request form available on our website at www.calpers.ca.gov.
- Our online retirement application system available at my.calpers.ca.gov will be updated with the new retirement options on August 12, 2017.
- Hardcopy retirement applications with the new retirement options will be available in September 2017 when we expect the revised application publications to be available.

For more information, please visit the Service & Disability Retirement section of our website at www.calpers.ca.gov, or call us toll free at 888 CalPERS (or 888-225-7377).
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INTRODUCTION

CalPERS wants to make your transition into retirement as smooth and easy as possible. This publication will help you understand the disability retirement benefit options available to you and help you fill out an application and other necessary forms.

You—or someone on your behalf such as your employer—may file a Disability Retirement Election Application for your retirement. You should apply for disability or industrial disability retirement as soon as you believe you are unable to perform your usual job duties because of an illness or injury that is of permanent or extended duration and expected to last at least 12 consecutive months or to result in death. Once we receive all the required information described in this publication, we can begin processing your application.

This publication contains instructions and the necessary forms for a CalPERS disability or industrial disability retirement. If you think you may be eligible for a service retirement, see the “Service Retirement Pending Disability or Industrial Disability Retirement” section of this publication for more information.

If you think you may be eligible to purchase service credit, review the publication A Guide to Your CalPERS Service Credit Purchase Options and complete the appropriate forms. You must submit your request to purchase service credit before your retirement date.

Before you fill out the application, you should review the general disability retirement information in the “Disability Retirement and Industrial Disability Retirement” section of this publication. This will help you determine what type of retirement applies to you, what steps you need to take, and what information CalPERS will need to process your request.

Then use the “Guide to Completing Your Application Package” section to assist you in completing your disability retirement application. Be sure to also review the “CalPERS Health Benefits” section to help you make informed decisions about your health coverage.

BEFORE YOU START

Note: These instructions do not apply to local safety members. If you are a local safety member, see page 6.

Your Responsibility: Know What You Need to Do
• Review the materials and information in this publication carefully before you complete any forms.
• Obtain a CalPERS-generated estimate by completing the Retirement Allowance Estimate Request form in this publication. Having this information can help you make an informed decision when you select your retirement benefit option.
• Make sure your employer, physician, and workers’ compensation carrier (if any) complete and submit forms to CalPERS in a timely manner. Let them know you have a deadline to meet.
• You must submit a complete application package, which means you provide us all the required forms and other documentation we need to begin processing your request.
• If we receive an incomplete application package, you will only have 21 calendar days to provide us with any remaining documents—even if your employer or doctor is causing the delay.
• If you do not provide all the needed documents within 21 calendar days, CalPERS will cancel your application.
• If your application is canceled, and you believe you are still eligible for a disability retirement, you will need to submit a new application package to start the process over again.

Application Process Overview

Apply with required documents

CalPERS reviews your application

Attend independent medical examination (if required)

CalPERS mails a decision to you

DISABILITY RETIREMENT AND INDUSTRIAL DISABILITY RETIREMENT

If you have a disabling injury or illness that prevents you from performing your usual job duties with your current employer for a permanent or extended duration (one that is expected to last for at least 12 consecutive months or to result in death), you may be eligible for a disability or industrial disability retirement.

You may apply for a disability or industrial disability retirement:
• While you are in CalPERS-covered employment; or
• Within four months of separation from CalPERS-covered employment; or
• At any time, if you “separated” from or left your job because of a disability and you have remained disabled since then; or
• While on military or approved leave.

Eligibility Requirements for Disability Retirement

There is no minimum age requirement for disability retirement. The cause of your disability does not need to be related to your employment. If you retire, you will receive a monthly retirement payment for the rest of your life, or until you recover from your disabiling injury or illness.
Vesting Requirements for Disability Retirement

A CalPERS member who has at least five years of service credit is eligible for a disability retirement. State second tier members must have 10 years of service credit. If you have state second tier service and other CalPERS-covered service that gives you a combined total of five years of credited service, you may still qualify. If you think you do not meet these requirements, you may want to call CalPERS toll free at 888 CalPERS (or 888-225-7377) to learn whether an exception may apply to you.

If you are employed part time and have worked at least five years, you may be eligible to retire with less than the required years of service credit. (It takes 10 months of permanent full-time employment or 1,720 hours to equal one year of CalPERS service credit.) However, the retirement benefit you receive will still be based on your actual service credit amount. You should submit an estimate request and have CalPERS determine whether this exception applies to you.

Eligibility Requirements for Industrial Disability Retirement

An industrial disability means that you are unable to perform the usual duties of your job with your current employer because of a job-related injury or illness. If your application for industrial disability retirement is approved, you will receive a monthly retirement payment for the rest of your life, or until you recover from your disabling injury or illness.

Vesting Requirements for Industrial Disability Retirement

There is no minimum service or age requirement for an industrial disability retirement. However, to qualify for this benefit, you must be employed in one of the CalPERS membership classifications shown below. If you are not sure of your membership classification, check with your personnel office.

Membership Categories

Local safety and State of California safety, peace officer/firefighter, patrol, and certain State of California miscellaneous members may be eligible for industrial disability retirement if the disability is job-related.

State of California industrial members must show that their disability resulted from a violent attack by an inmate or parolee of the Department of Corrections and Rehabilitation, including the Division of Juvenile Justice, or a forensic facility of the Department of Mental Health.

Most State of California miscellaneous and school members are not eligible for an industrial disability retirement, but would qualify for a disability
retirement if it is determined they are disabled. There are some limited exceptions to this rule under the law. For more information, call CalPERS toll free at 888 CalPERS (or 888-225-7377). School safety members are eligible for industrial disability if the disability is work-related. Local miscellaneous members are eligible only if the employer agreement with CalPERS provides this benefit.

If your disability is not job-related, or if you are a local miscellaneous member and your employer’s agreement with CalPERS does not provide this benefit, you may be eligible for disability retirement. See the “Eligibility Requirements for Disability Retirement” section above for more information. If you applied for industrial disability retirement, but your disability is not job-related, you may still be eligible for a disability retirement.

**CHP Enhanced Benefit**

An enhanced industrial disability retirement benefit is available to “patrol” members in Bargaining Unit 5 of the California Highway Patrol (CHP). A CHP patrol member will be considered for this enhanced benefit based on these two factors:

- The member must have sustained a “serious bodily injury” as the result of a single event.
- The member must be unable to participate in substantial gainful employment (any particular job that is realistically within the member’s physical and mental capabilities).

**Local Safety Member Determinations**

The determination on a disability or industrial disability retirement application of a public agency local safety member is made by the local governing body—not CalPERS. The local agency decision is submitted by “resolution” to CalPERS.

You need to submit your application only to CalPERS, and you are still subject to the same laws regarding application, amount of benefits, and eligibility. The only difference is that when CalPERS receives your application, we will notify your employer, who will determine if you are substantially disabled from your usual job duties. For applications for industrial disability retirement, your employer will also determine if the disability is job-related. Your employer may take up to six months to make the determination after being notified by CalPERS. (You have the right to waive this time limit.)

If it is determined that you are not disabled, you may appeal the decision to the local authority that made the determination—not CalPERS.
SERVICE RETIREMENT PENDING DISABILITY
OR INDUSTRIAL DISABILITY RETIREMENT

You have the option to apply for a “service” retirement pending your disability or industrial disability retirement—if you qualify for a service retirement. This would allow you to receive a monthly service retirement allowance while awaiting the determination of your disability retirement application.

To apply for a “service pending” retirement, check the Service Pending Disability Retirement or Service Pending Industrial Disability Retirement box on the Disability Retirement Election Application form. Submit your service pending disability or industrial disability retirement application to CalPERS when you are within 120 days of your retirement date but not sooner.

The service retirement portion of your application will most likely be processed before a determination is made for your disability or industrial disability retirement. Note: You cannot cancel your service retirement or change your retirement payment option, your designated lifetime beneficiary, or the retirement date you request on the application more than 30 days after the issuance of your first retirement benefit check.

If you are on a service retirement and later approved for a disability or industrial disability retirement, you may request to change your retirement payment option. The request must be made within 30 days of the issuance of your first disability retirement check.

You may also choose to remain on a service retirement if that is more beneficial to you. You must make the request within 30 days of the date you receive the letter approving your disability.

If you are currently enrolled in a CalPERS health plan and become employed in another job pending the determination of your disability benefits, your eligibility for CalPERS health benefits may be affected after retirement. Please discuss this with your personnel office.

Choosing a service pending disability retirement may eliminate your reinstatement rights if your application for disability retirement is not approved.

EMERGENCY DISABILITY RETIREMENT

CalPERS can expedite retirement processing for those who are facing a terminal illness. If this applies to you, contact CalPERS or your employer immediately to discuss an emergency retirement. We will make every effort to quickly obtain the necessary information and complete our processing.

However, please be aware that for any post-retirement death benefits to be paid, you must be alive on the effective date of your retirement.
FIGURING YOUR DISABILITY OR INDUSTRIAL DISABILITY ALLOWANCE

Figuring Your Disability Allowance

The calculation of your monthly unmodified disability retirement allowance is based on the following factors:

- Your years of service credit;
- Your benefit factor (e.g., 1.8 percent for state first tier and public agency miscellaneous, 1.125 percent for state second tier, or 1.35 percent for the local 1.5 percent at 65 formula); and
- Your final compensation amount (and whether it is based on a one- or three-year period).

State First Tier
As a state first tier member, you must have at least five years of service credit to be eligible for disability retirement. If you have between five and 10 years, or 18.5 or more years of service credit, multiply your years of service by 1.8 percent to determine your percentage of final compensation.

If you have between 10 and 18.5 years of service credit, add to that figure the number of years until you reach age 60 and multiply the total by 1.8 percent to determine your percentage of final compensation. The maximum percentage allowable is 33.333 percent.

Multiply the percentage of final compensation by your highest consecutive 12-month or 36-month average monthly salary to find your Unmodified Allowance. If you are under 60, your Unmodified Allowance cannot be more than a service retirement at age 60.

State Second Tier
If you have between 10 and 29.629 years of service credit, add to that figure the number of years until you will be age 65 and multiply the total by 1.125 percent. The maximum percentage allowable is 33.333 percent.

If you have 29.629 years or more of service credit, multiply your years of service by 1.125 percent.

Multiply the percentage of final compensation by your highest consecutive 12-month or 36-month average monthly salary to determine your Unmodified Allowance. If you are under 65, your Unmodified Allowance cannot be more than a service retirement at age 65.
Figuring Your Disability Allowance

Local Public Agency

If your employer has an agreement for the 1.5 percent at 65 formula, you must have five years of service credit to be eligible for disability retirement. If you have between five and 10 years, or 24.691 or more years of service credit, multiply your years of service by 1.35 percent to determine your percentage of final compensation.

If you have between 10 and 24.691 years of service credit, add to that figure the number of years until you will be age 65 and multiply the total by 1.35 percent. The maximum percentage allowable is 33.333 percent.

Multiply the percentage of final compensation by your highest consecutive 12-month or 36-month average monthly salary (depending on your employer’s agreement) to determine your Unmodified Allowance. If you are under 65, your Unmodified Allowance cannot be more than a service retirement at age 65.

Other Formulas

If your employer has an agreement for the improved disability retirement (Government Code section 21427), your Unmodified Allowance will be 30 percent of your final compensation for the first five years of service credit, plus 1 percent for each additional year, to a maximum of 50 percent. If you are under 60, your Unmodified Allowance cannot be more than a service retirement at age 60.

If a regular disability retirement allowance is greater than the improved disability allowance, CalPERS will pay the greater amount.

Figuring Your Industrial Disability Allowance

Safety members who retire on or after January 1, 2013, for industrial disability will receive a disability retirement benefit equal to the greater of the following:
- 50 percent of your highest consecutive 12-month or 36-month average monthly salary. An additional annuity may be paid if you have contributions associated to non-safety service.
- A service retirement allowance, if qualified for service retirement.
- If under age 50, an actuarially reduced benefit factor (determined by your retirement formula and how many quarter years you are under age 50) multiplied by the number of years of service credit.
GUIDE TO COMPLETING YOUR APPLICATION PACKAGE

All the forms you will need are included in the “Retirement Forms” section of this publication. To process your application, all forms must be completed in full, and we must receive all requested documentation and medical records regarding your disability.

Retirement Allowance Estimate Request

Before applying for disability or industrial disability retirement, you should obtain a retirement allowance estimate to make an informed decision.

If you are of service retirement age, there may not be a monetary advantage for a disability retirement. Based on your age and years of service, there may be no increase in the retirement benefit from a service retirement to a disability retirement. Therefore, you may wish to submit the Retirement Allowance Estimate Request form asking for both a service estimate and a disability estimate. CalPERS reports all non-industrial disability retirement as ordinary income. There is no tax advantage to receiving a non-industrial disability retirement. The only type of pension that CalPERS reports to tax authorities as “tax exempt” is the industrial disability retirement allowance, which applies only to safety category employees, such as police and firefighters where the job itself requires risk to their personal safety.

Medical Records

You must provide CalPERS all medical records relating to your disabling physical and/or mental condition from at least one year prior to your last day of work to the present. Medical records from a physician specializing in your disabling condition(s) are required to make a disability determination.

Disability Retirement Election Application

The Disability Retirement Election Application form requires detailed information. It is critical that you provide complete information. We suggest you remove the application from the “Retirement Forms” section of this publication so you can follow the instructions for each section while you complete the form.

Application Type

Select the appropriate retirement type. Note: If you qualify for a service retirement, you can apply for service retirement pending disability or industrial retirement by checking the appropriate box on the form.
Section 1 — Information About You

- Provide your full name as it appears on your Social Security card. If you have changed your name, you must provide CalPERS with a photocopy of the document validating the change (e.g., marriage certificate, court order). Additionally, the IRS requires us to obtain a photocopy of your Social Security card showing your name change before we can stop using your former name.
- Provide your Social Security number or CalPERS ID.
- Provide your mailing address. We need your home address or P.O. box number, including city, state, ZIP code, and country. Your monthly retirement check and annual tax statement will be mailed to this address.
- Provide your birth date (month, day, and year) and gender.
- Provide your home and alternate phone numbers (include area codes).
- Provide your email address. By providing your email address, you are agreeing to receive occasional CalPERS email notifications.

Section 2 — Information About Your Retirement

- Put your last day on payroll with a CalPERS-covered employer.
- Put the actual retirement effective date you have chosen (month, day, and year) if you are applying for service pending disability retirement. It is usually the day following your last day of work or authorized paid leave of absence. If you are applying for disability or industrial disability retirement, a retirement date is not necessary. You may select a specific date, leave it blank, or write “expiration of benefits.”
- Provide the full name of your current CalPERS-covered employer. If you are no longer an active member, list the agency where you last worked.
- Provide your full position title.

Note: The effective date of your retirement can be no earlier than the day following your last day on payroll, as long as your application is received by CalPERS within nine months of that date. If not, the retirement date can be no earlier than the first of the month in which CalPERS receives your application.

Other California Public Retirement Systems

- Indicate if you are a member of another California public retirement system. If yes, provide the complete name of the other system. Note: This does not include Social Security, military, or railroad retirement.
- Provide the last day of employment and retirement date with the other system. If you do not plan on retiring concurrently, please indicate that on the form.

To receive the highest possible benefit amount, your CalPERS retirement date must be the same as the retirement date from the other retirement system. You must submit a retirement application to each system.

Submit your medical records to the retirement system under which you were last employed. For more information, review the publication When You Change Retirement Systems.
Section 3—Disability Information
Answer all the questions to the best of your knowledge. If you need more space, you may attach additional pages with your full name and Social Security number or CalPERS ID indicated on each page.

• Describe your specific injury or illness with information on when and how it occurred.
• Describe your specific limitations/preclusions due to your injury or illness.
• Explain how your injury or illness has affected your ability to perform your job.
• Indicate if you are currently working in any capacity. Include your employment status and job duties.
• Indicate whether a third party (other than a workers’ compensation claim or an uninsured motorist claim) caused your injury. If you indicate a third-party liability, CalPERS will require more information.

Section 4—Treating Physician Detail

• Provide the name of your treating physician(s) and any appropriate medical record number(s).
• Provide the address, city, state, ZIP code, and country of your treating physician(s).
• Indicate your treating physician’s specialty, second specialty, and phone number.

Section 5—Select Your Retirement Payment Option and Beneficiary
This section should not be filled out by your employer.

This section tells CalPERS your retirement allowance option choice and who you are designating as your beneficiary, if any, to receive a lump sum or monthly benefit upon your death.

You need to decide if you want Option 1, Option 2, Option 2W, Option 3, Option 3W, Unmodified Allowance Option, or one of the Option 4s.

More information on each of these options is provided here to help you make your decision. A retirement benefit estimate can provide you with a projection of the retirement benefit you and your beneficiary would receive for each of these choices. If you have not already obtained an estimate, you should do so before submitting your application in order to make an informed decision. Remember, you cannot cancel your retirement or change your retirement payment option, your lifetime beneficiary, or your retirement date more than 30 days after the issuance of your first retirement benefit check.

Note: If you are eligible for health or dental benefits through CalPERS, your surviving spouse or registered domestic partner must receive a monthly allowance after your death to continue coverage. The Unmodified Allowance and the Option 1 Allowance do not provide a monthly allowance to your surviving spouse or registered domestic partner. If your employer does not have an agreement to provide the Post Retirement Survivor Allowance (PRSA), you...
will need to elect an option that provides for a lifetime monthly allowance to your spouse or registered domestic partner. If your employer does have an agreement to provide the PRSA, as long as your spouse or registered domestic partner and you are married/registered on the date of your disability or industrial disability retirement and remain married/registered until your death, your spouse or partner will receive a monthly allowance of either 25 percent or 50 percent of your Unmodified Allowance amount. See “Section 7 – Survivor Continuance” for more information.

If you are married or in a registered domestic partnership but do not name your spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump-sum return of contributions benefit or a share of the monthly option death benefit allowance. Their community property interest is 50 percent of the benefit based on the contributions or service credit earned for the period during which you were married or in a registered partnership. Your non-spouse or non-partner designated beneficiary will receive the portion of the lump-sum Option 1 benefit or monthly option allowance that is not payable to your spouse or domestic partner. Your spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit.

**Your Retirement Payment Options**

- **Option 1**—This retirement option provides a lump-sum payment of your remaining member contributions to your beneficiary after your death. The reduction to your monthly benefit to provide this payment is based on your life expectancy and the amount of your contributions. You may designate more than one person as beneficiary, and you may change your beneficiary at any time.

**Note:** You must have contributions on your account to be eligible for Option 1. It takes about 10 years of retirement to totally deplete your contributions, which means this option would not be paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

*Name your Option 1 Balance of Contributions Beneficiary in Section 5d of the application.*

The options 2, 2W, 3, 3W, and 4 provide lifetime monthly benefits to your designated beneficiary. The reduction to your Unmodified Allowance to provide a monthly allowance to your beneficiary is based on both your life expectancy at retirement and your beneficiary’s — the younger your beneficiary, the greater the reduction. If you have someone eligible for Survivor Continuance, the reduction is applied only to the option portion of your benefit. **In most cases, you can name only one beneficiary, and you cannot change your designation after retirement, except under limited circumstances.** Refer to the “Changing Your Beneficiary or Monthly Benefit After Retirement” section of this publication.
• **Option 2**—The same retirement allowance you receive will be paid to your beneficiary for life. If Survivor Continuance applies, and your beneficiary is not your eligible survivor, the beneficiary’s allowance will not include the Survivor Continuance portion. Your retirement allowance will increase to the Unmodified Allowance Option amount if:
  - your beneficiary dies; or
  - your non-spouse beneficiary waives entitlement to the Option 2 benefit; or
  - your beneficiary is your spouse or domestic partner legally recognized in California and upon a divorce, legal separation, termination of partnership, or annulment you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; and
  - you notify CalPERS of the change.

_Name your Option 2 Individual Lifetime Beneficiary in Section 5a of the application._

• **Option 2W**—As an alternative to Option 2, you may elect the slightly higher allowance under Option 2W. However, your allowance will not increase to the Unmodified Allowance Option amount under the situations described in Option 2.

_Name your Option 2W Individual Lifetime Beneficiary in Section 5a of the application._

• **Option 3**—In this option, your beneficiary will receive one-half of the “option portion” of your monthly retirement allowance. If Survivor Continuance applies, your beneficiary will also receive the Survivor Continuance portion. If your beneficiary is not your eligible survivor, the beneficiary’s allowance will not include the Survivor Continuance portion. Your retirement allowance will increase to the Unmodified Allowance Option amount if:
  - your beneficiary dies; or
  - your non-spouse beneficiary waives entitlement to the Option 3 benefit; or
  - your beneficiary is your spouse or domestic partner legally recognized in California and upon a divorce, legal separation, termination of partnership, or annulment, you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; and
  - you notify CalPERS of the change.

_Name your Option 3 Individual Lifetime Beneficiary in Section 5a of the application._
• **Option 3W**—As an alternative to Option 3, you may elect to receive the slightly higher allowance under Option 3W. However, your allowance will not increase to the Unmodified Allowance Option amount under the situations described in Option 3.

_Name your Option 3W Individual Lifetime Beneficiary in Section 5a of the application._

• **The Unmodified Allowance Option**—This is the highest monthly allowance you can receive. However, it does not provide a continuing monthly allowance to a beneficiary, and there is no return of any unused member contributions after your death.

• **Option 4**—Option 4 allows you to choose a more customized benefit, as long as the amount to your beneficiary is not greater than the benefit provided under Option 2W. Review CalPERS publication _Retirement Option 4_ for more information about this option. _Note:_ There is no provision with any variation of Option 4 for your allowance to increase to the Unmodified Allowance under the situations described in Option 2 or 3.

_Name your Option 4 Individual Lifetime Beneficiary in Section 5a of the application._

The following are the types of Option 4 allowances currently available.

**Option 2W & 1 Combined**—Upon your death, the retirement allowance you receive will be paid to your beneficiary. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your named Option 1 beneficiary(ies). If you elect the 2W & 1 Combined – Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 5a, you must also name a beneficiary for your Option 1 balance.

_Note:_ In most cases, no contributions remain after approximately 10 years of retirement, which means the Option 1 benefit is no longer paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

_Name your Option 1 Balance of Contributions Beneficiary in Section 5d of the application._

**Option 3W & 1 Combined**—In this option, your beneficiary will receive one-half of the “option portion” of your monthly retirement allowance. If Survivor Continuance applies, the beneficiary will also receive the Survivor Continuance portion. If your beneficiary is not your eligible survivor, the beneficiary’s allowance will not include the Survivor Continuance portion. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your named Option 1 beneficiary(ies).
If you elect the 3W & 1 Combined – Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 5a, you must also name a beneficiary for your Option 1 balance.

**Note:** In most cases, no contributions remain after approximately 10 years of retirement, which means the Option 1 benefit is no longer paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

Name your Option 1 Balance of Contributions Beneficiary in Section 5d of the application.

**Specific Dollar Amount to Beneficiary** — You can specify the dollar amount of your retirement allowance to be paid to your beneficiary upon your death.

**Specific Percentage to Beneficiary** — You can specify the percentage of your Unmodified Allowance Option amount to be paid to your beneficiary upon your death. The percentage must be less than 100 percent.

**Reduced Allowance for Fixed Period of Time** — You can elect to receive a specific dollar amount or percentage of your Unmodified Allowance Option for a specific length of time based on your lifetime alone or the joint lifetimes of you and your beneficiary. The deferral period cannot be less than one year from your retirement date. After this period, you will receive an increased allowance based on the actuarial equivalent of your remaining benefit. The minimum you can elect to receive is 25 percent of your Unmodified Allowance Option, which means you are reducing your allowance by 75 percent. If 50 percent Survivor Continuance is payable, the minimum you can elect to receive is 50 percent. This amount should allow for any deductions for health and dental benefits to be maintained, if you are eligible for those benefits.

**Reduced Allowance Upon Death of Retiree or Beneficiary** — You can specify a minimal reduction to the Unmodified Allowance Option (at least $1) to provide the highest allowance possible while both you and your beneficiary are living. Your initial allowance must be greater than Option 2W. Upon the death of either you or your beneficiary the continuing allowance will be significantly reduced for the survivor.

Name your Option 4 Individual Lifetime Beneficiary in Section 5a of the application.
Multiple Lifetime Beneficiaries — Unlike the other options that limit you to one beneficiary, this option allows you to provide a lifetime benefit to more than one beneficiary. You can give each beneficiary an equal share or designate specific dollar amounts or percentages of your benefit for each beneficiary.

Name your Option 4 Multiple Lifetime Beneficiaries in Section 5b of the application.

Option 4 — Court Ordered Community Property — This option only applies to very specific cases in which a member is required by court order, entered pursuant to Family Code section 2610, to elect an Option 4 to provide a community property interest to a former spouse or former legally recognized domestic partner equal to their community property interest. CalPERS will determine the community property interest at the time of your retirement using the method described in your court order.

This option allows you to select one of several different options and gives you the opportunity to name another beneficiary for your share of the benefit. There is no qualifying event that will allow a pop-up increase to this particular benefit.

• If you elect Option 4/Unmodified, you are providing only for the Option 4 Court Ordered beneficiary.

Name your Option 4 Court Ordered Beneficiary in Section 5c of the application.

• If you elect Option 4/1, you are providing for the Option 4 Court Ordered beneficiary and naming a beneficiary for the Option 1 Balance of Contributions.

Name your Option 4 Court Ordered Beneficiary in Section 5c and your Option 1 Balance of Contributions Beneficiary in Section 5d of the application.

• If you elect Option 4/2W or Option 4/3W, you are providing for the Option 4 Court Ordered beneficiary and naming a lifetime beneficiary for your share of your monthly benefit.

Name your Option 4 Court Ordered Beneficiary in Section 5c and your Option 2W or 3W Individual Lifetime Beneficiary in Section 5a of the application.

If you have questions about your court order or your benefits, call CalPERS toll free at 888 CalPERS (or 888-225-7377).
Beneficiary Designation

Section 5a — Individual Lifetime Beneficiary
If you elected Option 2, 2W, 3, 3W, or 4, or Court Ordered Community Property Option 4/2W or 4/3W, name your beneficiary here. Provide the name, Social Security number or CalPERS ID, birth date, gender, relationship to you, and address of the beneficiary you designate to receive continuing benefits after your death.

Section 5b — Multiple Lifetime Beneficiaries
If you elected Option 4 Multiple Lifetime Beneficiaries, name your multiple beneficiaries here. Provide the names, Social Security numbers or CalPERS ID, birth dates, genders, relationships to you, and address of each beneficiary you designate to receive continuing benefits after your death. If you wish your beneficiaries to receive an equal share of your benefits, do not fill in the specific dollar or specific percent of benefit. If you wish unequal amounts for each beneficiary, specify dollar amount or percent of benefit in the space provided. If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

Section 5c — Court Ordered Option 4 Community Property Beneficiary
If you are required by court order to designate your former spouse or former legally recognized domestic partner as a beneficiary for their community property interest, name that person here. Provide the name, Social Security number or CalPERS ID, birth date, gender, relationship to you, and address of the Community Property Beneficiary. If you have questions about your court order or your benefits, call CalPERS toll free at 888 CalPERS (or 888-225-7377).

Section 5d — Option 1 Balance of Contributions Beneficiary(ies)
If you elected Option 1, Option 4 – 2W/1, or Option 4 – 3W/1 combined, name your beneficiary(ies) here. Provide the name, Social Security number or CalPERS ID, birth date, gender, relationship to you, priority (primary or secondary), and address of the beneficiary you designate to receive any lump-sum balance of your remaining member contributions after your death.

Your beneficiary can be:
• Any person regardless of their relationship to you. You cannot designate a guardian to receive benefits for another person.
• A class of next-of-kin as a group. For example, you can list your “grandchildren” or “siblings” instead of writing out individual names.
• A corporation that is registered in any state with the Secretary of State.
• Your estate. CalPERS can only pay to your estate if it is probated.
• Your trust. Provide the title and date of your trust, and the name and address of the person who has a copy of the document. Do not name the trustee.
If you want to name more than four beneficiaries or you want to name separate beneficiaries for your Option 1 Balance of Contributions, call us toll free at 888 CalPERS (or 888-225-7377). There is no limit to the number of beneficiaries you can name. You can also change your lump-sum beneficiary designation any time at my.calpers.ca.gov.

A change in your marital status, domestic partner status, or the birth or adoption of a child after retirement automatically revokes your original beneficiary designation.

Note: If you designate a minor child as your beneficiary and the child is still a minor when the benefit becomes payable, their surviving parent can claim the child’s death benefit without a court order if the child is in their care. Or, if the child is not in the custody of their parent, we will request a court order that either appoints someone as guardian of the child’s estate or directs us to pay the child’s benefit to a blocked bank account. As an alternative to these methods, you may download a California Uniform Transfers to Minors Act form to nominate a custodian to claim any benefits that may become payable to your minor child. Please do not name the guardian or custodian of a minor child as your beneficiary; just name the child if that is your desire.

Once you have completed Section 5, carefully review the “Beneficiary and Survivor Documentation” section of this publication to determine which beneficiary or survivor documentation to submit with your application.

Section 6 — Retired Death Benefit
This section should not be filled out by your employer.

The Lump-Sum Retired Death Benefit is payable upon your death, in addition to any payment under the option you select. You can select anyone you wish to receive this benefit. The amount payable is based on your employer’s agreement with CalPERS.
- For state, California State University, or University of California members, the Retired Death Benefit is $2,000.
- For school members, it is $2,000, unless your employer has elected a higher amount up to $5,000.
- For public agency members, the Retired Death Benefit is based on the employer’s agreement, and it can range from $500 to $5,000.

If you want to name more than four beneficiaries for the Retired Death Benefit call us toll free at 888 CalPERS (or 888-225-7377). There is no limit to the number of beneficiaries you can name. You can also change your lump-sum beneficiary designation any time at my.calpers.ca.gov.

A change in your marital status, domestic partner status, or the birth or adoption of a child after retirement automatically revokes your original designation.
Section 7 — Survivor Continuance
This section should not be filled out by your employer.

The Survivor Continuance benefit is payable to all State of California, school, and public agency members if the former employer provides the benefit and you have an eligible survivor. Survivor Continuance is an employer-paid monthly benefit paid to an eligible survivor.

If you are not sure if you are covered by this benefit, check with your personnel office. Benefits are paid to an eligible survivor in addition to and regardless of which retirement payment option you elect.

Eligible survivors are:
• A spouse who was married to you on or before the effective date of your disability or industrial disability retirement and continuously until your death; or if none,
• A domestic partner who was legally recognized in California as your domestic partner on or before the effective date of your disability or industrial disability retirement and continuously until your death; or if none,
• Unmarried children under age 18 or an unmarried disabled child who became disabled prior to age 18 and whose continuing disability renders the child incapable of gainful employment; or if none,
• An economically dependent parent.

Note: If you have a severely disabled minor or adult child who is not capable of handling their own financial affairs, you may wish to talk with an attorney about creating a Special Needs Trust so the successor trustee can claim the child’s survivor allowance without having to obtain a court order for conservatorship or guardianship of the disabled child. The Special Needs Trust must be established for the sole benefit of the disabled child during the child’s lifetime and there cannot be a provision that allows for assignment of the child’s benefit to someone else.

A copy of the Special Needs Trust should be sent to CalPERS to ensure it can be honored and then retained in your file for future use. Payments to children stop at age 18, or upon their marriage, death, or recovery from disability.

The amount of the monthly benefit depends on your Social Security coverage. If your service credit is not covered by Social Security, the Survivor Continuance is 50 percent of your Unmodified Allowance, based on actual service with an employer that provides this benefit. If your service credit is covered by Social Security, the Survivor Continuance is 25 percent of the Unmodified Allowance.
Section 8 — Workers’ Compensation Detail
If you have filed a workers’ compensation insurance claim for your current injury or illness, you must complete this section. You must also complete a Workers’ Compensation Carrier Request form and submit it to your employer’s workers’ compensation insurance carrier for completion.
• Provide the claim number(s), date of injury (month, day, and year), and body part(s).
• Provide the name of the workers’ compensation carrier with which you have filed a claim.
• Provide the full name of the adjuster who is handling your claim, with the adjuster’s phone and fax numbers and email address.
• Provide the address, city, state, and ZIP code of the workers’ compensation carrier.

Section 9 — Tax Withholding Election
This section should not be filled out by your employer.

This section tells CalPERS how you want to handle your income tax withholding. For help in making this decision, refer to the “Taxes and Your Disability Retirement” section in this publication or talk to your tax advisor. You can change your withholding at my.calpers.ca.gov or by completing another CalPERS tax withholding form.
• You can choose only one federal income tax option and one state income tax option.
• If you do not make an election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you were married with three allowances. If you reside outside of California, your CalPERS pension income is not subject to California State income tax.

Section 10 — Direct Deposit Information
Direct deposit is optional and can be established at any time before or after retirement. Complete this section only if you want to set up your direct deposit.

Direct deposit electronically transfers your monthly retirement allowance directly into your checking or savings account. This can reduce the risk of loss, theft, or forgery; give you immediate and uninterrupted deposits; eliminate the inconvenience of depositing checks; and provide you with a monthly statement of itemized deductions.

If you submit direct deposit information with your retirement application, your direct deposit is typically effective with your first retirement payment. We transmit funds for direct deposit on the first of each month. Your financial institution determines when your direct deposit funds are available.

You can establish and maintain your direct deposit online through myCalPERS at my.calpers.ca.gov, or you can complete the Direct Deposit Authorization form in this publication. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS.
Section 11 — CalPERS Health Coverage
This section tells CalPERS whether you choose to continue CalPERS health coverage into retirement. Refer to the CalPERS Health Program Guide for Basic health plan eligibility, enrollment, and choices.

If you decline your health coverage into retirement, you are electing to terminate your health coverage effective on the first day of the second month following your separation from employment.

If eligible, you may enroll in a CalPERS health plan in the future, such as during an Open Enrollment period or if you meet special enrollment or late enrollment exceptions described in the CalPERS Health Program Guide.

Section 12 — Member Signature and Notary
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 at any CalPERS office. If you reside in a foreign country, the U.S. Consulate staff may witness your form. This section must be complete or your application will be returned.

If you are married or in a legal domestic partnership, your current spouse or domestic partner must sign the application to acknowledge your election of a retirement benefit option. If you are not able to obtain your spouse’s or domestic partner’s signature, you must complete the Justification for Absence of Spouse’s or Registered Domestic Partner’s Signature form and submit it to CalPERS before any retirement benefits can be paid.

If you are single, the justification form is not required. Mark “No” and indicate “Never Married or in Partnership,” “Divorced/Annulled,” or “Widowed” in this section.

If you are submitting the application on behalf of the member (and you are not an employer), attach a page that provides your name, relationship, and contact information.

Section 13 — Employer-Originated Application
If your employer is submitting the application, an authorized employer representative must complete, sign, and date this section. Employers should not complete Section 5 — Option Election or Section 9 — Tax Withholding Election.

• Indicate if the employee is working. If yes, indicate whether full time or part time.
• The authorized employer representative must sign and print name where indicated.
• Provide the position title and phone number of the authorized employer representative.
• Provide the date the application is signed.
Justification for Absence of Spouse’s or Registered Domestic Partner’s Signature

CalPERS requires proof that your spouse or domestic partner is aware of the selection of benefits you have made, by their signature on your retirement application.

If you are married or in a legally recognized domestic partnership but are not able to obtain your spouse’s or domestic partner’s signature on your Disability Retirement Election Application form, you must complete the Justification for Absence of Spouse’s or Registered Domestic Partner’s Signature form.

Authorization to Disclose Protected Health Information

This form allows your medical providers to release medical and employment information to CalPERS necessary to make a disability determination. You must complete, sign, and date the form and attach it to the Physician’s Report on Disability form before sending it to your physician(s).

Employer Information for Disability Retirement

This form allows your employer to provide CalPERS with required job duty and employment information necessary to make a disability determination. You must complete, sign, and date the form then send it to your employer.

Job Duty Statement/Job Description

The job duty statement or job description is a required document in the determination process of your disability or industrial disability retirement application. Request a job duty statement or job description from your last CalPERS-covered employer. The job duty statement or job description must reflect your last position, and it must include the position title and describe your actual job duties in detail. Job specifications or generic descriptions of a position are not sufficient.

Physical Requirements of Position/Occupational Title

This form provides CalPERS with information on the physical requirements of your position or occupational title. This form is to be completed jointly by both you and your employer unless you are physically unable to do so.

Once this form is completed and signed by both you and your employer, the employer should provide you a copy and send the original to CalPERS. You must then attach a copy of this completed form along with your current job duty statement or job description to the Physician’s Report on Disability form and forward it to the physician specializing in your disabling condition.

It is your responsibility to follow up with third parties to ensure they complete and submit the required information to CalPERS.
These documents will help your physician provide a medical opinion about your ability to perform the usual duties of your position with your current employer. If your physician does not have the documents describing your job duties, this can delay the process.

**Report of Separation and Advance Payroll Information**

This form provides CalPERS with the payroll information required to begin disability retirement benefit payments. You must complete Section 1 of the form and then send it to your employer. Your employer must complete Sections 2, 3, and 4 of the form and then submit it to CalPERS.

**Physician’s Report on Disability**

You must provide this form to the physician(s) specializing in your disabling condition. The physician must complete all sections of the form, including a diagnosis on your condition and information about how it prevents you from performing your job duties.

This form will be considered incomplete if your physician does not answer all the questions. Be sure to provide a completed signed copy of your *Physical Requirements of the Position/Occupational Title* form and job duty statement or job description to your physician for review.

It is also important that your physician provide copies of supporting medical records to CalPERS along with the completed *Physician’s Report on Disability* form. Failure to do so can cause processing delays to your application.

**Workers’ Compensation Carrier Request**

This form allows the workers’ compensation carrier to release medical and claim information about your work-related illness or injury. You must complete Sections 1 and 2 of the form and then send it to your workers’ compensation insurance carrier. The workers’ compensation claims adjuster must complete Sections 3 and 4 of the form and then submit it to CalPERS.

**CalPERS Special Power of Attorney**

This form allows you to designate a representative or agent to conduct your CalPERS retirement affairs, especially if you become incapacitated. See the *CalPERS Special Power of Attorney* publication to obtain a copy of this form and review important information.
Information for Local Safety Members

If you are a local safety member, you are not required to submit the following forms:
• Physical Requirements of Position/Occupational Title
• Physician’s Report on Disability
• Workers’ Compensation Carrier Request

Beneficiary and Survivor Documentation

CalPERS requires specific documentation before death benefits can be paid. We recommend you submit the required documentation at the time you apply for retirement to prevent delays in the processing of death benefits to your beneficiary. If the required documentation is not on file at the time of your death, your beneficiary, or some other person, will be responsible for providing the information before death benefits can be paid. See below for the required and acceptable forms of documentation.

If you chose Option 2, 2W, 3, 3W, or any Option 4:
• Submit a photocopy of the birth certificate for each beneficiary.

For the Survivor Continuance benefit:
• Submit a photocopy of your marriage certificate or certificate of domestic partnership and/or a birth certificate for each eligible survivor.

Do not send originals and always include your Social Security number or CalPERS ID on all documents in the upper right corner.

Other Acceptable Documentation (in order of preference)

Birth Date Evidence
• Valid driver’s license or identification card
• Baptismal record showing birth date, if baptism occurred at early age
• Passport
• Early school record showing birth date or age at a certain year
• Naturalization or immigration certificate
• Insurance policy, if issued before age 21
• Delayed birth certificate, if based on acceptable evidence, not affidavits
• Early census record
• Family Bible with entries made shortly after birth, showing complete date

Send Photocopies, Not Original Documents
CalPERS cannot return original documents. Documents submitted are eventually destroyed. Please send photocopies of documents only.
**Marriage Certificate Evidence**

- Your beneficiary’s naturalization papers or passport issued in their married name may be used in lieu of a marriage certificate if the document contains the date of marriage or was issued at least one year before your retirement date.
- Affidavit of marriage from someone who witnessed your marriage ceremony. The affidavit must be signed by the witness under penalty of perjury, and their signature must be notarized.

**Domestic Partner Evidence**

- The only acceptable evidence is a legally recognized certificate of domestic partnership.

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**OTHER CONSIDERATIONS**

**Workers’ Compensation**

If you have a workers’ compensation claim, you should not wait until your condition is “permanent and stationary” under workers’ compensation requirements to submit your application. Delaying your application for retirement may affect important benefits you may be entitled to receive.

A workers’ compensation award does not automatically entitle you to a CalPERS industrial disability retirement. Medical evidence will be required to show that you meet the CalPERS definition of disability. If you do, your workers’ compensation award for the same illness or injury may be used as evidence that your condition is job-related.

**Injury Caused by a Third Party (Subrogation)**

Under the law, if someone other than your employer caused an injury that results in disability retirement benefits being paid to you, CalPERS has the right to recover up to one-half of the total retirement benefit costs from the responsible party. This right is known as a “right of subrogation.”

If you pursue a claim against any person for the same injuries that also entitle you to a disability retirement from CalPERS—other than a workers’ compensation claim or an uninsured motorist claim—you must inform CalPERS. This is true even if the claim has not yet resulted in a court action.

CalPERS has the right to participate in the claim through filing our own action against the responsible party, intervening in your claim, or filing a lien against any judgment you may recover. If you settle such a claim without notifying CalPERS, we may have the right to file a lawsuit against you for recovery under our subrogation rights.
Independent Medical Examinations

CalPERS may need to arrange for you to have an Independent Medical Examination (IME) to make a disability determination. During this IME, an independent doctor will examine you and review your medical records to evaluate your disability.

If an IME is needed, CalPERS will notify you with the date, time, and location of your appointment. If you are unable to keep this appointment, you must notify CalPERS immediately.

CalPERS will pay for the IME. By law, travel expenses are not reimbursable unless you travel a distance of 50 miles or more one way. If you are traveling from out of state, travel expenses are paid only from the California border to the appointment location.

Canceling Your Application

You may cancel your Disability Retirement Election Application at any time before it is officially approved. To cancel your application after it is determined you are disabled, you will need to provide medical evidence stating you can return to full unrestricted duties before CalPERS can consider a cancellation. You must submit your cancellation request in writing to CalPERS.

CalPERS can cancel your application for any of the following reasons:
• If you fail to provide the information or forms needed to make a determination on your disability retirement; or
• If you fail or refuse to attend an Independent Medical Examination (IME) appointment when requested; or
• If you do not meet the eligibility requirements for disability or industrial disability retirement.

If you have an employer-originated application, you cannot cancel the application unless you choose to refund your contributions, or you may opt for service retirement if you meet the eligibility requirements. Taking a refund of your contributions would end your membership with CalPERS. However, your employer may cancel the application at any time before it is approved. Both you and your employer have the right to appeal a CalPERS disability determination.

Community Property Claim

If you have a community property claim on your retirement account, you must provide CalPERS with a copy of the court order that resolves the claim so we can determine if the order is acceptable to divide your retirement benefits.

If the order is not acceptable, a further order will be required, which will delay the release of retirement benefits to all parties. If you are not sure if
CalPERS has received an acceptable court order, or if you have questions on your court order or your benefits, call CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

**Note:** If you have an acceptable order that requires you to elect a specific option and name a specific beneficiary at retirement, your retirement application must be completed in accordance with these option and beneficiary requirements. Your retirement application will be rejected and supplemental retirement information will be required if you fail to make the correct option and beneficiary designations.

**Refund of Contributions vs. Retirement**

Within 30 days of the issuance of your first retirement check, you may choose to receive a refund of your accumulated member contributions in a lump sum, rather than a retirement allowance. To do so, you need to make this request to CalPERS in writing.

**Benefit Forfeiture for Felony Convictions**

Under the California Public Employees’ Pension Reform Act of 2013, if you are convicted of a felony by a state or federal trial court in connection with your official job duties, you will forfeit all of your accrued rights and benefits from the commission of the felony forward and you will no longer be eligible to accrue further benefits with CalPERS, effective on the date of conviction (Government Code sections 7522.72 and 7522.74).

If you are convicted for such a crime, you and the prosecuting agency must notify your employer within 60 days of your conviction, and your employer must notify CalPERS within 90 days of your conviction.

CalPERS will remove the service credit and return any contributions you made during the forfeiture period, without interest. If after the removal of forfeited service and contributions you remain vested for retirement, you may apply for retirement once you reach minimum retirement age. If after the removal of forfeited service you are not vested for retirement, you may elect a refund of your remaining member contributions.

Should your conviction be overturned, your forfeited service will be restored to your account if you elect to redeposit the returned contributions, with interest.
WHAT HAPPENS NEXT?

When we receive all the required documentation and forms, we will begin the process of reviewing your file to see whether the information is current and complete, and if a determination can be made. If not, we may need to request more information or an Independent Medical Examination.

Generally, we can review a disability or industrial disability retirement application within three months after we receive all the required information. However, if we need more information, the determination process can take longer. If your application is approved, you will be retired and begin receiving a monthly benefit payment from CalPERS usually within four to six weeks.

A determination may be appealed by you or your employer to the authority that made the initial determination, either CalPERS or the California Department of Human Resources. Local safety determinations are appealed directly to your employer.

If you were eligible for an industrial disability retirement and it is determined that you are disabled but your disability is not job-related, you may appeal this decision to the Workers’ Compensation Appeals Board.

Notification of Retirement Allowance
If your disability application is approved, you will be immediately retired. Before you receive your first retirement benefit check, usually after you have separated from employment, CalPERS will send you a First Payment Acknowledgment letter informing you of the date of your first retirement check, the amount you can expect to receive, and important income tax information.

We also include the employer, retirement formula, service credit, and final compensation information used to calculate your retirement benefit. Please review this information for accuracy and report any discrepancies to us immediately. You may be responsible for repaying any overpaid benefits retroactive to your retirement date that result from incorrect information being used in your benefit calculation.

If you wish to change your retirement payment option, designated lifetime beneficiary, or the retirement date you elected on the application you must do so within 30 days of the issuance of your first benefit check.

Post-Retirement Adjustments to Accounts
Your initial retirement allowance will be based on the payroll information posted to your account at the time your benefit is calculated. Any adjustments to your account, if needed to reflect a change in service credit or an increase in salary, are completed after the final payroll information has been received. This usually takes place four to six months after you begin receiving your monthly retirement payments.
**Employer Certification**

If there are fewer than four months between your last day on payroll with a CalPERS-covered agency and your effective date of retirement, your employer must certify your separation information by submitting it to CalPERS. Separation information includes your permanent separation date and any unused sick leave or education leave balances, which may convert to additional service credit depending on your employer’s agreement with CalPERS. If your employer submits the information before we process your retirement application, we will include the additional service credit in your initial retirement benefit. Otherwise, we will adjust your account to reflect a change in service credit at the time your employer submits it.

If you left employment at a CalPERS-covered agency more than four months before your retirement date, you are not entitled to service credit for any balance of unused sick leave or educational leave.
APPLICATION PACKAGE CHECKLIST

Step 1 — Get an estimate:
- Complete and submit the Retirement Allowance Estimate Request form before submitting your disability retirement application package (optional).

Step 2 — Obtain your medical records:
- Request your medical records from at least one year prior to your last day of work to the present.

Step 3 — Complete and submit the following to CalPERS:
- Disability Retirement Election Application form and supporting documents
  - Photocopy of each beneficiary’s birth certificate (if Option 2, 2W, 3, 3W, or 4 was selected)
  - Photocopy of marriage/domestic partner certificate or birth certificate for each eligible survivor if Survivor Continuance applies
- Justification for Absence of Spouse's or Registered Domestic Partner’s Signature form (if applicable)
- Authorization to Disclose Protected Information form
- CalPERS Special Power of Attorney form (optional)

Step 4 — Request information from your employer:
- Employer Information for Disability Retirement form
- Copy of your Job Duty Statement/Job Description
- Physical Requirements of Position/Occupational Title form (complete jointly with your employer)
- Report of Separation and Advance Payroll Information form

Step 5 — Request information from your physician:
- Physician's Report on Disability form
  - Attach the following documents for your physician to review:
    - Physical Requirements of Position/Occupational Title form
    - Job Duty Statement/Job Description
- Medical records to support the Physician's Report on Disability form

Step 6 — Request information from your workers’ compensation carrier:
- Workers’ Compensation Carrier Request form
  (if you have a work-related illness or injury)

Failure to provide the above information to CalPERS may result in a cancellation of your disability retirement application.
This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts. You are limited to two CalPERS-generated estimate requests in a 12-month period and must be within one year of retirement. See the back of this form for detailed instructions.

Section 1
Information About You

Provide the address you would like your estimated retirement allowance sent to.

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

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

Address

City State ZIP

Section 2
Retirement Information

Not all CalPERS members are eligible for industrial disability retirement. Contact your personnel office for eligibility information.

If your membership date is January 1, 2002, or later, the amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

Type of estimate

| Service | Disability | Industrial Disability |

Project Retirement Date (mm/dd/yyyy)

Employer Position Title

Sick Leave Hours Educational Leave Hours

Are you a member of another retirement system that has established reciprocity with CalPERS? No Yes

Name of System Estimate Final Compensation Amount

Temporary Annuity – Available for service retirement only.

If you first became a member on January 1, 2002, or later, and you have CalPERS service coordinated with Social Security, you elect to receive Temporary Annuity until age _______ in the amount of $_______ per month.

(62 to 70)

Dollars

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age _______ in the amount of $_______ per month.

(59 1/2 or whole age 60 to 68)

Dollars

Section 3
Individual Lifetime Beneficiary (2, 2W, 3, 3W, 2W/1, and 3W/1)

Name of Beneficiary Relationship to You Birth Date (mm/dd/yyyy)

Section 4
Information About Your Survivor Continuanace

Do you have an eligible survivor? No Yes

Section 5
Your Option 4 Retirement Options

CalPERS will provide an estimate for standard Options 1, 2, 3, 3W, 2W/1, and 3W/1, and Unmodified Allowance. If these do not meet your needs, you may request one of the approved Option 4 types listed at right.

Specific Percentage to Beneficiary

Specific Dollar Amount to Beneficiary

Reduced Allowance for Fixed Period of Time:

Reduce my Allowance by _______ Percentage or Dollar Amount through the end of _______

Reduced Allowance Upon Death of Member or Beneficiary

Multiple Lifetime Beneficiaries:

Mail to: CalPERS Benefit Services Division • P.O. Box 942717, Sacramento, California 94229-2717
Section 1

Information About You

Name: Provide your first name, middle initial, and last name.
CalPERS ID or Social Security Number: Provide your CalPERS ID or Social Security number.
Birth Date: Provide month, day, and complete year.
Mailing Address: Provide the mailing address where you want to receive your estimated retirement allowance.
Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Section 2

Information About Your Retirement Estimate

Projected Retirement Date: List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with 10 years of service credit. There are some exceptions to these requirements.

Type of Estimate for Retirement Allowance: Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an industrial disability retirement. Please contact your personnel office for information on eligibility.

Sick Leave/Educational Leave: List any sick leave or educational leave you would like to have included in your retirement estimate calculation. Any leave included in your request must be reported by your employer at the time of retirement and may result in a different benefit if amounts differ.

Other California Public Retirement Systems: Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the When You Change Retirement Systems publication.

Temporary Annuity is an additional monthly income you may choose to temporarily enhance your pension from CalPERS. If you take a disability retirement, a Temporary Annuity is not available. The benefit is payable from your retirement date to a specific age that you select. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to the Temporary Annuity publication.

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W, 2W/1, and 3W/1)

A beneficiary is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we need their date of birth.

Relationship to You: A beneficiary can be a spouse, child, friend, etc.
Beneficiary Birth Date: Provide month, day, and complete year.

Section 4

Information About Your Survivor Continuance

Survivor Continuance is an employer-paid benefit payable to an eligible survivor upon your death. An eligible survivor is a spouse married to you or a domestic partner legally recognized in California as your domestic partner on and at least one year prior to your tentative retirement date and continuously until your death (for Disability or Industrial Disability Retirement, these conditions must be met on or before the effective date of your disability or industrial disability retirement); or an unmarried child under age 18 or disabled; or an economically dependent parent.

Section 5

Your Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W, 2W/1, and 3W/1). If none of these meets your needs, you may request one of the Option 4 allowances, as long as the amount to your beneficiary(ies) is not more than the benefit provided under Option 2W. For additional information please refer to the Retirement Option 4 publication. If you want multiple lifetime beneficiaries to receive an equal share of your monthly benefits, do not specify a dollar or percentage of benefit.
Disability Retirement Election Application

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

Employer Information

☐ Check if this is an employer-originated application.

Employer must fill out and sign Section 13 on the last page of this application.

Application Type

☐ Disability Retirement  ☐ Service Pending Disability Retirement
☐ Industrial Disability Retirement  ☐ Service Pending Industrial Disability Retirement

Section 1

Information About You

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

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

Address

City  State  Zip  Country

Birth Date (mm/dd/yyyy)  Gender  Home Phone  Alternate Phone

Please display all dates in this order: month/day/year.

Section 2

Information About Your Retirement

Please refer to the detailed instructions in this publication.

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

Employer  Position Title

Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS?  ☐ No  ☐ Yes, provide:

Name of System

Are you currently working with the other system?  ☐ No  ☐ Yes

Last Day of Employment With Other System (mm/dd/yyyy)  Retirement Date With Other System (mm/dd/yyyy)
Section 3

Disability Information

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: ________________________________

__________________________________________

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
Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary.

Your payment option election and lifetime beneficiary(ies) designation is irrevocable unless you request a change within 30 days of the issuance of your first benefit check or you have a future qualifying event. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 5a–5d. Please refer to the detailed instructions in this publication for more information.

- **Option 1** – To complete this option, you must also fill out Section 5d, *Balance of Contributions Beneficiary(ies)*.

- **Option 2** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

- **Option 2W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

- **Option 3** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

- **Option 3W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

- **Unmodified Allowance Option** – If you select this option there is no return of your member contributions and no monthly benefits payable upon your death – except the Survivor Continuance benefit, if applicable. There is no beneficiary designation for this option.

- **Option 4, Individual Lifetime Beneficiary** – If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.
  - **Option 2W & Option 1 Combined** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary* and Section 5d, *Balance of Contributions Beneficiary(ies)*.
  - **Option 3W & Option 1 Combined** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary* and Section 5d, *Balance of Contributions Beneficiary(ies)*.
  - **Specific Dollar Amount to Beneficiary** — To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
  - **Specific Percentage to Beneficiary** — To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

- **Reduced Allowance for Fixed Period of Time**
  
  Reduce my Allowance by $________ or ________% through the end of ________ Date (mm/yyyy).

  To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

- **Reduced Allowance upon death of retiree or beneficiary** — To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

- **Option 4, Multiple Lifetime Beneficiaries** – To complete this option choice, you must also fill out Section 5b, *Option 4 Multiple Lifetime Beneficiaries*.

- **Option 4, Court Ordered Community Property** – If you select this option, you must also complete Section 5c, *Court Ordered C.P. Beneficiary* and select one of the following Court Ordered Option 4 Community Property options.
  - **Option 4/Unmodified** – There is no additional beneficiary designation for this option.
  - **Option 4/1** – To complete this option, you must also fill out Section 5d, *Balance of Contributions Beneficiary(ies)*.
  - **Option 4/2W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
  - **Option 4/3W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
Option 2, 2W, 3, 3W, or 4 Individual Lifetime Beneficiary

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

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

Birth Date (mm/dd/yyyy)  Gender  Relationship to You

Address

City  State  ZIP  Country

Option 4 Multiple Lifetime Beneficiaries

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

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

Birth Date (mm/dd/yyyy)  Gender  Relationship to You  Dollar/Percent of Benefit

Address

City  State  ZIP  Country

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

If you are married or are in a registered domestic partnership, your spouse or domestic partner may be entitled to the community property interest in the option allowance payable to your designated beneficiary, according to law.

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).
Section 5c

Court Ordered Option 4 Community Property Beneficiary

Complete this section only if you selected Option 4 Court Ordered Community Property.

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

Birth Date (mm/dd/yyyy)  Gender  Relationship to You

Address

City  State  ZIP  Country

Section 5d

Option 1 Balance of Contributions Beneficiary(ies)

Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined. You may change your beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

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

Birth Date (mm/dd/yyyy)  Gender  Relationship to You  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)  Gender  Relationship to You  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)  Gender  Relationship to You  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)  Gender  Relationship to You  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)  Gender  Relationship to You  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)  Gender  Relationship to You  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)  Gender  Relationship to You  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  Relationship to You  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  Relationship to You  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  Relationship to You  Primary  Secondary  Percent of Benefit

Address

City  State  ZIP  Country
Section 6
Retired Death Benefit

This section designates the person who will receive your lump-sum Retired Death Benefit. You may change your beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

<table>
<thead>
<tr>
<th>Name (First Name, Middle Initial, Last Name)</th>
<th>Social Security Number or CalPERS ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male ☐ Female ☐ Primary ☐ Secondary ☐</td>
</tr>
<tr>
<td>Birth Date (mm/dd/yyyy)</td>
<td>Gender</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

If you last worked with another California retirement system that provides a similar death benefit, the CalPERS Retired Death Benefit is not paid.

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).
Section 7
Survivor Continuance

Please refer to the detailed instructions in this publication for more information.

1. Will you be married or in a registered domestic partnership on your disability 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 Date of Marriage or Registered Domestic Partnership (mm/dd/yyyy)
     - Address
       - City State ZIP Country

2. Do you have any natural or 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
     - 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
     - Address
       - City State ZIP Country

   - [ ] Male
   - [ ] Female

   - [ ] Male
   - [ ] Female

   - [ ] Male
   - [ ] Female

   - [ ] Male
   - [ ] Female
Survivor Continuance

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

<table>
<thead>
<tr>
<th>Name of Parent (First Name, Middle Initial, Last Name)</th>
<th>Social Security Number or CalPERS ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td>Birth Date (mm/dd/yyyy)</td>
<td>Gender</td>
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<td></td>
<td></td>
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<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City  State  ZIP  Country</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Parent (First Name, Middle Initial, Last Name)</th>
<th>Social Security Number or CalPERS ID</th>
</tr>
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<td>Birth Date (mm/dd/yyyy)</td>
<td>Gender</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City  State  ZIP  Country</td>
<td></td>
</tr>
</tbody>
</table>

Section 8

Workers' Compensation Detail

Do you have any workers' compensation claims?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Claim Number(s)</th>
<th>Date of Injury (mm/dd/yyyy)</th>
<th>Body Part(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers' Compensation Carrier</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjuster: First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Fax</td>
</tr>
<tr>
<td></td>
<td>Email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Workers' Compensation Claim Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>City  State  ZIP</td>
</tr>
</tbody>
</table>
Federal Income Tax information. Please refer to the detailed instructions in this publication for more information.

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

State Income Tax information. Please refer to the detailed instructions in this publication for more information.

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

Direct Deposit Information

To comply with new 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.

☐ Checking  ☐ Savings  ☐ Individual  ☐ Joint (If so, Complete Section 3)  ☐ Trust Account *

Routing Number (nine digits)  Account Number

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 Code

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)

Choose One:

☐ I want to view my monthly statements online at my.calpers.ca.gov

☐ I want to receive monthly statements by U.S. mail

Information About Joint Account Holder, if applicable

Name  Social Security Number or CalPERS ID

Address  Daytime Phone

City  State  ZIP Code

* Trust Accounts

You will need to complete a CalPERS trust form, which can be obtained by contacting CalPERS.

Section 11

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 12

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

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

If your spouse’s or domestic partner’s signature is not available, see instructions in this publication on completing the Justification for Absence of Signature form.

Member Signature and Notary

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 the elected payment option or lifetime beneficiary(ies) I must notify CalPERS within 30 days of the issuance of my first retirement benefit check.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump-sum return of contributions benefit or a share of the monthly option death benefit allowance. Their community property interest is 50 percent of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership. My non-spouse or non-partner designated beneficiary will receive the portion of the lump-sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner. I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.

More detailed information on this section is available in this publication.

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 Partnership □ Divorced/Annulled

□ Widowed or Termination of Domestic Partnership

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.

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, ____________________________, 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)
Section 13

Employer-Originated Application

Is employee working in any capacity?  ☐ No  ☐ Yes  ☐ Full time  ☐ Part time

Signature of Employer

Print Name of Employer

Position Title of Employer  Phone Number  Date (mm/dd/yyyy)

To be completed if the employer is submitting the application on behalf of the member.
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, 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.

Date (mm/dd/yyyy)

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
Authorization to Disclose Protected Health Information

Section 1

Member Information

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

_______ _______ _______ _______
Daytime Phone Evening Phone

Address ____________________________

City ____________________________ State _______ ZIP _______

I authorize the disclosure of my protected health information, including, but not limited to, medical histories, diagnoses, examination reports, chart notes, testing and test results, X-rays, operative reports, lab and medication records, prescriptions, and any other records relating to the prognosis, treatment or diagnosis of any physical, mental, psychological or psychiatric condition, to the California Public Employees' Retirement System (CalPERS) or its representative, for the sole purposes of determining my physical or mental condition, illness, or disability and my right, if any, to retirement or reinstatement under the Public Employees' Retirement Law (PERL) (Government Code sections 20000, et seq.). I understand that any information about me disclosed pursuant to this Authorization will be used by CalPERS for the administration of its duties under the PERL, the Social Security Act, and the Public Employees’ Medical and Hospital Care Act. I understand that submission of the requested information is mandatory under Government Code section 20128 and that failure to supply the information requested may result in CalPERS being unable to make a determination regarding my status.

This Authorization applies to any and all health and/or medical related information about me in the possession of any health care provider, health plan, insurance company or fund, employer or plan administrator, government agency, organization or entity administering a benefit program, rehabilitation organization or program.

I understand that if my protected health information is disclosed to someone who is not required to comply with federal privacy protection regulations, that information may be re-disclosed and would no longer be protected.

I understand that I have a right to revoke this Authorization at any time. My revocation must be in writing by letter directed to the CalPERS Benefit Services Division at the address below. I am aware that my revocation is not effective to the extent that persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this Authorization. Unless cancelled by me in writing, this Authorization shall be valid for four years from the date shown below. A photocopy of this Authorization shall be as valid as the original. I understand that I may request a copy of this Authorization at any time.

Section 2

Authorization to Release Information

I also authorize the disclosure of any and all personnel and other employment-related records on file with any of my present or former employers which relate to my job duties, work performance, and other work-related issues including, but not limited to, attendance and sick leave records and records of administrative and judicial action arising out of, or related to, my past or present employment.

______________________________ ____________________________
Signature of Member Date (mm/dd/yyyy)

Mail to: CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796

Authorization to Disclose Protected Health Information

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

PERS-BSD-35 (11/11) Page 1 of 1
Employer Information for Disability Retirement

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

Section 1

Member Information

To Member: Complete this form, sign, date and forward to your employer.

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

Position/Occupational Title Name of Employer/Agency

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 job 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 job duty statement/job description that you send to CalPERS must be provided to me. Both the job duty statement/job description and the Physical Requirements of Position/Occupational Title form will be presented to my physician/medical specialist 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 from the responsible party up to one-half of the total retirement benefit costs payable. 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.

Section 2

Authorization to Release Information

Mail signed authorization to your employer, not CalPERS.

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 photocopy of this authorization shall be as valid as the original.

Signature of Member Date (mm/dd/yyyy)

Mail to:
CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796
Section 1

Member Information

This form must be completed by the member and their employer to supplement the physical requirements listed on the member's job duty statement/job description.

<table>
<thead>
<tr>
<th>Name of Member (First Name, Middle Initial, Last Name)</th>
<th>Social Security Number or CalPERS ID</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Position/Occupational Title</th>
<th>Name of Employer</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Worksite Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 2

Physical Requirements Information

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Occasionally Up to 3 hours</th>
<th>Frequently 3–6 hours</th>
<th>Constantly Over 6 hours</th>
<th>Distance/Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kneeling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squatting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending (neck)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending (waist)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twisting (neck)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twisting (waist)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaching (above shoulder)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaching (below shoulder)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing &amp; Pulling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Manipulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power Grasping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple Grasping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitive use of hand(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keyboard Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouse Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting/Carrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 10 lbs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 – 25 lbs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 – 50 lbs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 – 75 lbs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76 – 100 lbs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 + lbs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued on page 2.
Section 2 (continued)

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

If there is not enough space to enter all your additional requirements or comments, attach a separate sheet. Be sure to use a label, or clearly write your name and Social Security number on each attachment.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Occasionally Up to 3 hours</th>
<th>Frequently 3–6 hours</th>
<th>Constantly Over 6 hours</th>
<th>Distance/Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking on uneven ground</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with heavy equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to excessive noise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to extreme temperature, humidity, wetness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to dust, gas, fumes, or chemicals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working at heights</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation of foot controls or repetitive movement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of special visual or auditory protective equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with bio-hazards (e.g., blood-borne pathogens, sewage, hospital waste, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 3

Signature of Employer and Member

If you are a Disability Retirement Election applicant, your employer must provide you a copy of this completed form. Your employer must send the signed original to CalPERS.

Also, you must attach your current job duty statement/job description and a copy of the Physical Requirements of Position/Occupational Title form to the Physician’s Report on Disability form prior to sending them to a medical specialist. Complete document submittal requirements are described in A Guide to Completing Your CalPERS Disability Retirement Election Application.

If you are a Request to Work While Receiving Disability/Industrial Disability Benefits applicant or a Reinstatement from Disability/Industrial Disability Retirement applicant, you must attach the job duty statement/job description of the prospective job to a copy of the completed Physical Requirements of Position/Occupational Title form prior to sending them to a medical specialist. You must submit the resulting medical report and other required documents to CalPERS. The Physician’s Report on Disability form is not required.

Signature of Employer Representative Date (mm/dd/yyyy)

Title Phone Number

CalPERS Business Partner ID

Signature of Member Phone Number Date (mm/dd/yyyy)
Report of Separation and Advance Payroll Information

Employer: Please complete this form as soon as possible and return to CalPERS.

Section 1

Employing Agency and Member Information

Name of Employing Agency

This member has applied for disability retirement.

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

Requested Retirement Date (mm/dd/yyyy)

Section 2

Effective Separation or Termination Dates

Last Day on Pay Status (mm/dd/yyyy)  Separation Date (mm/dd/yyyy)  Termination Date (mm/dd/yyyy)

Leave of Absence With Compensation

Beginning Date (mm/dd/yyyy)  Ending Date (mm/dd/yyyy)  Type of Compensation

Explain the difference between the date of separation and last day on pay status, if any.

Section 3

Unused Sick Leave at Time of Separation

Accumulated hours must be converted to days using the appropriate conversion factor applicable to each employee's individual classification or position. Calculate to three decimal places.

Balance of unused sick leave hours at time of separation: _______ ÷ 8 = _______ Days

Section 4

Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer  Title

Date (mm/dd/yyyy)  Phone Number

Mail to: CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711
**Physician’s Report on Disability**

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

This form must be completed by a physician/medical specialist who specializes in your disabling condition. The following information is needed in connection with the patient's application for disability retirement benefits under the California Public Employees' Retirement Law. Type or print clearly.

---

### Section 1: Member Information

Please fill out completely and fully describe the nature and severity of impairment. Also, include copies of the patient's medical and referenced diagnostic test reports.

Name of Member (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
---|---
Position/Occupational Title | Birth Date (mm/dd/yyyy)
For Kaiser Patients, Medical Record Number

### Section 2: Member History

Please provide history of patient's illness/injury.

Patient and Member are the same person.

<table>
<thead>
<tr>
<th>Date of First Visit (mm/dd/yyyy)</th>
<th>Date of Last Examination (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Present Illness/Injury Occurred (mm/dd/yyyy)</td>
<td>Date Member Unable to Perform Job Duties (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Origin of Injury: ☐ Work Related ☐ Non-Work Related

Describe How Injury Occurred

---

### Section 3: Examination Findings

Please provide history of patient's illness/injury.

**Chief Complaints**

**Subjective Symptoms**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure</th>
</tr>
</thead>
</table>

---

### Section 4: Diagnosis

Provide dates and findings of any X-rays, EKGs, laboratory or diagnostic testing performed. Use additional sheets if necessary.

If there is not enough space to enter all your diagnosis, attach a separate sheet. Be sure to use a label, or clearly write your Social Security number on each attachment.

<table>
<thead>
<tr>
<th>Diagnosis 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective Examination Findings 1</td>
</tr>
<tr>
<td>Diagnostic Test – Dates and Findings</td>
</tr>
<tr>
<td>Restrictions/Limitations, if so specify.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective Examination Findings 2</td>
</tr>
<tr>
<td>Diagnostic Test – Dates and Findings</td>
</tr>
<tr>
<td>Restrictions/Limitations, if so specify.</td>
</tr>
</tbody>
</table>

Comments

---
Section 5

Member Incapacity

To qualify for a disability retirement, the CalPERS member must be substantially incapacitated from the performance of the usual duties of his/her position with the current employer. This “substantial incapacity” must be due to a medical condition of permanent or extended duration that is expected to last at least 12 consecutive months or to result in death. Disability is not necessarily an inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position. Prophylactic restrictions are not a basis for a disability retirement.

1. Is the member currently, substantially incapacitated from performance of the usual duties of the position for their current employer? ☐ Yes ☐ No
   If yes, you must describe specific job duties/work activities that the member is unable to perform due to incapacity. Refer to member’s job duty statement and Physical Requirements of Position/Occupational Title form.

2. Will the incapacity be permanent? ☐ Yes ☐ No
   If not, will the incapacity last longer than 12 months? ☐ Yes ☐ No

3. Was the job duty statement/job description reviewed to make your medical opinion? ☐ Yes ☐ No

4. Was the Physical Requirements of Position/Occupational Title form reviewed to make your medical opinion? ☐ Yes ☐ No

5. Was information reviewed that the member provided? ☐ Yes ☐ No
   If so, please attach the information provided by the member.

Section 6

Physician’s Signature

CalPERS has my permission to release a photocopy of report to member, upon written request. ☐ Yes ☐ No

Print Physician Name Phone Number Fax Number

Address

City State ZIP

Signature of Physician/Title Medical Specialty Date (mm/dd/yyyy)

Mail completed report directly to CalPERS. Do not give to member.

All questions on this form must be answered or application will be incomplete, which will delay processing.

Mail to: CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796
# Workers' Compensation Carrier Request

**888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280**

## Section 1

**Member Information**

If you have filed a workers' compensation claim for the illness or injury directly related to the application for disability or industrial disability retirement, this *Workers' Compensation Carrier Request* form (reverse side) must be completed by your employer’s workers’ compensation insurance carrier.

<table>
<thead>
<tr>
<th>Name of Member (First Name, Middle Initial, Last Name)</th>
<th>Social Security Number or CalPERS ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Claim Number 1</th>
<th>Date (mm/dd/yyyy)</th>
<th>Body Part(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claim Number 2</th>
<th>Date (mm/dd/yyyy)</th>
<th>Body Part(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claim Number 3</th>
<th>Date (mm/dd/yyyy)</th>
<th>Body Part(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claim Number 4</th>
<th>Date (mm/dd/yyyy)</th>
<th>Body Part(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section 2

**Authorization to Release Information**

I have submitted an application for disability or industrial disability retirement with the California Public Employees’ Retirement System (CalPERS). You are hereby authorized to furnish CalPERS, or its representative, any and all information, including photocopies of records in your possession, which CalPERS requires solely to assist in determining my physical or mental condition, illness, or disability. 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 Sections 20128; and no other purpose. This authorization shall be valid for four years from the date shown below. A photographic copy of this authorization shall be as valid as the original.

<table>
<thead>
<tr>
<th>Signature of Member</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**This form continues on the back.**
Section 3

Your help is needed in the evaluation of my eligibility for disability or industrial disability retirement.

Be sure to send CalPERS a copy of all medical reports for the claim number(s) listed. Include job descriptions/job analyses, depositions, investigation reports, videotapes, and approved orders from the Workers' Compensation Appeals Board.

<table>
<thead>
<tr>
<th>Claim Number 1</th>
<th>WCAB Number</th>
<th>Date of Injury (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Part(s)</td>
<td>Liability Accepted</td>
<td>Condition P&amp;S</td>
</tr>
<tr>
<td>Claim Number 2</td>
<td>WCAB Number</td>
<td>Date of Injury (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Body Part(s)</td>
<td>Liability Accepted</td>
<td>Condition P&amp;S</td>
</tr>
<tr>
<td>Claim Number 3</td>
<td>WCAB Number</td>
<td>Date of Injury (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Body Part(s)</td>
<td>Liability Accepted</td>
<td>Condition P&amp;S</td>
</tr>
<tr>
<td>Claim Number 4</td>
<td>WCAB Number</td>
<td>Date of Injury (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Body Part(s)</td>
<td>Liability Accepted</td>
<td>Condition P&amp;S</td>
</tr>
</tbody>
</table>

If liability is not accepted, provide reason (Reference Claim Number)

If condition is not permanent and stationary, what is estimated time period or date? (Reference Claim Number)

Has settlement occurred?  ☐ Yes  ☐ No

If Yes,  ☐ Stipulated Award _____ %  Claim Number(s) ____________________________

☐ C & R $ ________________  Claim Number(s) ____________________________

☐ F & A __________ __ %  Claim Number(s) ____________________________

Is there a possibility of third party liability?  ☐ Yes  ☐ No

Are you in the process of, or have you completed any investigations?  ☐ Yes  ☐ No  If Yes, provide copies.

Are further exams scheduled?  ☐ Yes  ☐ No

Name of Doctor  Specialty  Appointment Date

☐ AME  ☐ QME  ☐ Treating Physician  ☐ Other

Name of Doctor  Specialty  Appointment Date

☐ AME  ☐ QME  ☐ Treating Physician  ☐ Other

Please use additional sheets to supply any additional background, information, or comments.

Section 4

Signature of Workers’ Compensation Insurance Carrier

Signature of Workers’ Compensation Representative  Date (mm/dd/yyyy)

Print Workers’ Compensation Representative’s Name  Phone Number

Mail to:  CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796
CalPERS Health Benefits

You can obtain health benefits publications, required forms, and other information about your CalPERS health benefits through our website at www.calpers.ca.gov or by calling CalPERS at 888 CalPERS (or 888-225-7377).

- **Health Program Guide** describes CalPERS Basic health plan eligibility, enrollment, and choices. It provides an overview of CalPERS health plan types and tells you how and when you can make changes to your plan (including what forms and documentation you will need). It also describes how life changes or changes in your employment status can affect your benefits and eligibility.

- **Health Benefit Summary** provides valuable information to help you make an informed choice about your health plan and compare benefits, covered services, and co-payment information for all CalPERS health plans.

- **CalPERS Medicare Enrollment Guide** provides information about how Medicare works with your CalPERS health benefits.

CalPERS Health Coverage

You must be eligible for CalPERS health benefits in retirement to continue your health insurance coverage or have the right to enroll in the future after retirement. To be eligible, you must:

- Retire within 120 days of your separation from employment;
- Be eligible for enrollment in a CalPERS health plan upon separation from employment, in your own right. State members participating in a “cash in lieu” or “flex” program are considered eligible;
- Receive a monthly retirement warrant;
- Separate and retire from an employer who contracts with CalPERS for health benefits.

If you do not satisfy these requirements before you retire, you will lose all future rights to be in the CalPERS Health Program. If your family members are included in your CalPERS health plan at the time of your death, their enrollment will continue automatically if they are eligible and if they receive a monthly CalPERS allowance. For more information, call CalPERS toll free at 888 CalPERS (or 888-225-7377).

Your Separation Date and Your Retirement Date

The following are your health plan enrollment options when you retire:

- If your separation date and your retirement date are within 30 days of each other and you are enrolled in a CalPERS health plan at the time of retirement, your coverage will continue into retirement without a break.
- If you do not want your health benefits to continue into retirement, you need to decline coverage by completing Section 11 of the application.
- If your separation date and your retirement date are between 31 and 120 days of each other and you are enrolled in a CalPERS health plan at separation, your coverage will not automatically continue. You may re-enroll by either writing to CalPERS Health Account Services within 60 days of

Important!

If you are currently a member of the CalPERS Health Program, you must meet specific requirements to continue your health insurance coverage into retirement or to maintain the right to re-enroll in the future after retirement.

While waiting for your disability retirement to be approved, you may contact your personnel office to discuss making direct payments (if necessary) for your health premiums. The direct payments will ensure continuation of services and claim payments for your current coverage under the Public Employees' Medical and Hospital Care Act (PEMHCA). You will be reimbursed for the direct payment amounts by the plan if your disability retirement is approved.

Once you retire, CalPERS becomes your health benefits officer or personnel office. This means you can make most changes to your health enrollment by calling CalPERS at 888 CalPERS (or 888-225-7377).
If you become eligible for Medicare due to a disability, special rules apply for you to continue your health benefits. Contact CalPERS for additional information.

your retirement date and requesting re-enrollment, or waiting for the next Open Enrollment period.

- You can avoid having your coverage suspended between your last day of work and your retirement date by paying the full monthly premium directly to your health plan. Contact the health benefits officer where you worked and complete a Direct Payment Authorization form within 30 days of your last day on pay status.
- If you are not enrolled in a health plan at retirement and your retirement date is within 120 days of separation, you may enroll within 60 days of retirement or during a future Open Enrollment period. Contact your health benefits officer if you are an active employee or CalPERS if you are retired.

To enroll in a health plan during Open Enrollment, complete and submit to CalPERS the Health Benefits Plan Enrollment for Retirees form. As a retiree, you can also use this form to change health plans or add eligible dependents during Open Enrollment. Open Enrollment is held each fall and changes become effective the following January 1.

If your retirement effective date is more than 120 days after separation from employment, you are not eligible for health coverage at retirement or at any future date. Note: There are some exceptions to this rule. Call us at 888 CalPERS (or 888-225-7377) if you have questions about your eligibility.

If you were covered as a dependent through another health plan when you retired, or you canceled coverage to participate in the state’s FlexElect Program, you may be eligible to enroll in a CalPERS health plan. Contact CalPERS for more information.

If you have questions about your CalPERS health benefits and you are an active member, contact your personnel office or health benefits officer. If you are a retiree, call CalPERS at 888 CalPERS (or 888-225-7377).

You may enroll in a Supplement to Medicare or Managed Medicare health plan. CalPERS health plans offer several ways to supplement Medicare. Please see the CalPERS Medicare Enrollment Guide for more detailed information.

Medicare

Medicare is a federal health insurance program for individuals:

- Age 65 or older
- Under age 65 with certain Social Security-qualified disabilities
- With end-stage renal disease (ESRD)

Medicare is managed by the Centers for Medicare and Medicaid Services (CMS). The Social Security Administration (SSA) works with CMS to determine eligibility and to enroll individuals in Medicare.
Medicare consists of different parts:
• Part A (Hospital Insurance)
• Part B (Medical Insurance)
• Part C (Medicare Advantage Plans)
• Part D (Prescription Drug Coverage)

If you and/or your dependent are 65 or older, retired, enrolled in a CalPERS Basic health plan, and become Medicare eligible, you must enroll in Medicare Part A and Part B and transfer to a CalPERS Medicare health plan to continue CalPERS health coverage.

If you do not qualify for premium-free Part A based on your Social Security/Medicare work record or the record of your current, former, or deceased spouse, you must provide supporting documentation from the SSA that you are not eligible for premium-free Part A to remain enrolled in a CalPERS Basic health plan. If you later qualify for Part A at no cost, you must enroll in Part A and Part B, provide your Medicare information to CalPERS, and then transfer to a CalPERS Medicare health plan.

If you are under age 65 and are Medicare eligible, you must provide your Medicare information to CalPERS and then transfer to a CalPERS Medicare health plan.

Although Part A may be at no cost to qualifying individuals, the SSA establishes a standard Part B premium. The monthly Part B premium must be paid to the SSA to remain enrolled in Part B. If your income exceeds established thresholds, the SSA will increase your Part B premium by an income-related monthly adjustment amount. Payment of the Part B premium is mandatory to protect your eligibility to remain enrolled in a CalPERS Medicare health plan. If you voluntarily terminate your enrollment in Part B, your CalPERS health coverage will be canceled.

CalPERS offers Medicare Advantage plans that include Part A, Part B, and Part D. You must remain enrolled in Part A, Part B, and Part D to continue your enrollment in a Medicare Advantage plan. If you voluntarily terminate your Medicare coverage, you will be disenrolled from the Medicare Advantage plan and canceled from CalPERS health coverage.

CalPERS participates in a Medicare Part D prescription drug plan. If you are a Medicare-eligible subscriber or dependent, you are automatically enrolled into an Employer Group Waiver Plan (EGWP). If you are enrolled in a Preferred Provider Organization (PPO) Supplement to Medicare plan, you may choose to opt out of the Part D prescription drug coverage; however, you will be financially responsible for all of your prescription drug costs. If you enroll in a non-CalPERS Medicare Part D plan, you are no longer eligible to remain enrolled in a CalPERS Medicare health plan. Consequently, you and all of your covered dependents will be canceled from CalPERS health coverage.
Medicare Part D standard premiums are paid to your health carrier as part of the CalPERS health premium. As with Medicare Part B, if your income exceeds established thresholds, the SSA will assess an additional income-related monthly adjustment amount. This amount must be paid to the SSA to protect your Medicare enrollment and eligibility to remain enrolled in a CalPERS Medicare health plan. If you do not pay the additional amount, you will be disenrolled from EGWP and be financially responsible for all of your prescription drug costs.

CalPERS offers several Medicare health plans. See our Medicare Enrollment Guide for more detailed information.

For information about the Medicare program, call Medicare at (800) 633-4227 or TTY (877) 486-2048, or visit their website at www.medicare.gov.

For information regarding Medicare eligibility and enrollment, or Medicare premiums, call the SSA at (800) 772-1213 or TTY (800) 325-0778 or visit their website at www.ssa.gov.

Dental Coverage and Vesting Requirements (State Members Only)

State and California State University (CSU) employees receiving a retirement allowance from CalPERS who retire within 120 days of separation from employment are eligible for dental benefits.

Continuation of your dental coverage into retirement is not automatic. Your personnel office must submit a new Dental Plan Enrollment Authorization and process your dental enrollment upon your separation from employment. If you are not enrolled at the time of retirement, you can enroll during Open Enrollment. Open Enrollment is held each fall and changes become effective the following January 1.

When you retire, the state may contribute toward the cost of your dental benefits based on the date you were first hired, your bargaining unit at retirement, and your years of service. The date you were first hired means the date you were employed with the state for the first time. If that employment did not qualify you for CalPERS membership or you withdrew contributions for that period, it is still considered your first-hired date. If you were first hired on or after July 1, 1998, you could be subject to dental vesting requirements. To determine if your bargaining unit has agreed to these requirements, contact the California Department of Human Resources (CalHR).
Vision Care (State Members Only)

As a State of California or CSU retiree, you are eligible to enroll in the State Retiree Vision Program, which is offered through Vision Service Plan (VSP). This program provides vision coverage for you and your eligible dependents at your cost.

CalHR and the CSU Chancellor's Office coordinate the program through VSP. For more information and to obtain enrollment forms, visit the VSP website at www.vsp.com. You may also call VSP directly at (800) 877-7195.

Long-Term Care

If you are enrolled in CalPERS Long-Term Care and have premiums deducted from your paycheck, you will need to call the program's customer service center toll free at (800) 982-1775 before you retire to find out what steps are needed to continue your premium deductions after retirement.

Authorized Deduction Payments

Many types of payments can be deducted from your monthly retirement check, such as credit union shares or payments, retiree association fees, charitable contributions, etc. To make sure your current deductions continue after you retire, or to add new deductions, you must contact the provider and complete their authorization request.
TAXES AND YOUR DISABILITY RETIREMENT

The following information is designed to help you understand and calculate the tax responsibilities of your CalPERS disability or industrial disability retirement allowance.

As a CalPERS retiree, you may still have to pay both federal and state income taxes. Just like in your working years, you must fill out a tax withholding form.

While CalPERS can provide you with information on some tax laws, you should request more information on the taxability of your retirement allowance from the Internal Revenue Service, California Franchise Tax Board, or from your tax advisor.

1099-R Annual Tax Reporting Statement

Each January, you will receive a 1099-R form containing information on your CalPERS income from the previous calendar year. Box 1 on the 1099-R form, labeled “Gross Distribution,” contains the total amount of your gross allowance. This is normally the accumulated annual gross amount of the payments you received dated January 1 through December 31. Box 2a, labeled “Taxable Amount,” contains the amount of your gross allowance that is taxable income. This is the amount that you will report as income on your personal income tax return. Box 5, labeled “Employee Contributions/Designated Roth Contributions or Insurance Premiums,” contains the amount of tax-free contributions you may have, if any.

CalPERS participates in the Combined Federal/State Filing Program. This means the California Franchise Tax Board or your state of residence may access your reported income.

Calculating the Monthly Tax-Free Portion of Your Retirement Allowance

Federal law requires CalPERS to use certain methods to calculate and report the annual tax-free portion of your retirement allowance. The tax-free portion is determined based on the previously taxed contributions you may have made when you were working. At different times during your work years, some contributions may have been deducted before taxes and some after taxes. The total amount may be found on your First Payment Acknowledgment letter under the heading of “Income Tax Information.”

CalPERS uses the Simplified Method tables in Internal Revenue Service (IRS) Publication 575 to determine the tax-free portion of your allowance. For retirements effective on or after January 1, 1998, use one of the following tables to determine the number of your lifetime payments. Divide the amount of your “Taxed Contributions” by the “Number of Lifetime Payments” to get your monthly tax-free allowance amount.
Note: If you were age 75 or over on your retirement effective date, you cannot use these tables. Instead, the IRS requires you to use the “General Rule” to determine your monthly/annual tax-free portion. Information on the “General Rule” can be found in IRS Publication 939, available on the IRS website at [www.irs.ustreas.gov](http://www.irs.ustreas.gov) or by calling the IRS at (800) 829-1040.

Table 1 – Simplified Method, Single Life Annuity  
Receiving an Unmodified Allowance or Option 1 Benefit

Find your age at retirement and use the corresponding payment numbers.

<table>
<thead>
<tr>
<th>Age at Retirement</th>
<th>Number of Lifetime Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 or under</td>
<td>360</td>
</tr>
<tr>
<td>56-60</td>
<td>310</td>
</tr>
<tr>
<td>61-65</td>
<td>260</td>
</tr>
<tr>
<td>66-70</td>
<td>210</td>
</tr>
<tr>
<td>71-74</td>
<td>160</td>
</tr>
</tbody>
</table>

Table 2 – Simplified Method, Joint Life Annuity  
Receiving an Option 2, 2W, 3, 3W, or 4

Find your and your beneficiary’s combined ages at retirement and use the corresponding payment numbers.

<table>
<thead>
<tr>
<th>Combined Ages of Annuitants at Retirement*</th>
<th>Number of Lifetime Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>110 or under</td>
<td>410</td>
</tr>
<tr>
<td>111-120</td>
<td>360</td>
</tr>
<tr>
<td>121-130</td>
<td>310</td>
</tr>
<tr>
<td>131-140</td>
<td>260</td>
</tr>
<tr>
<td>141 or over</td>
<td>210</td>
</tr>
</tbody>
</table>

* If you elected Option 4 and have more than one beneficiary designated to receive a lifetime benefit, you must use the youngest beneficiary’s age along with your age at retirement to determine the combined ages of annuitants at retirement.
Federal Tax Considerations

You may be penalized by the IRS if you do not withhold a sufficient amount during the tax year. To avoid any penalties, contact your local IRS office or a tax advisor to ensure you comply with federal tax withholdings.

For more information about federal taxes, contact your local IRS office or a tax advisor. You can obtain a free copy of Pension and Annuity Income, IRS Publication 575, by calling toll free (800) 829-1040 or visiting their website at www.irs.ustreas.gov.

California State Taxes

Since federal legislation prohibits states from taxing the pension income of non-residents, if you reside outside the state, California state taxes will not be withheld from your CalPERS benefit without your authorization. While your CalPERS benefit is still a California source income, there is no longer any California source tax for qualified non-residents. If you have questions about your California residency status or your California state taxes, contact the California Franchise Tax Board (or visit their website at www.ftb.ca.gov) or contact a tax advisor.

Tax Withholding Election

Unless you submit an election for tax withholding, CalPERS is required to withhold taxes from your monthly allowance based on the tax tables for a married person with three allowances. By law, all CalPERS retirees whose allowances are taxable are required to select one of the three withholding choices:

• To have no taxes withheld;
• To have a specific dollar amount withheld (state withholding only); or
• To have taxes withheld according to the tax tables, based on marital status and number of allowances (you may also add a specific dollar amount to this election).

If you choose one of the tax tables, taxes will not be withheld unless your gross allowance exceeds the minimum amount listed on the tax table for your filing status (i.e., single, married, number of dependents, etc.).
AFTER RETIREMENT

Employment After Retirement

Before you seek employment after retirement, it is important to review the publication *A Guide to CalPERS Employment After Retirement*. There are restrictions and limitations to consider that may affect your decision to return to work. Call CalPERS toll free at 888 CalPERS (or 888-225-7377) or visit www.calpers.ca.gov to obtain a copy of this publication.

Reinstatement From Disability or Industrial Disability Retirement

Your disability retirement requires you to inform CalPERS immediately if you are no longer incapacitated or if you are currently employed in a position similar to the job you retired from.

If you recover from the injury or illness that resulted in your disability or industrial disability retirement and you wish to return to work for a CalPERS-covered employer, you must first apply for reinstatement from retirement. If new medical evidence shows that you have recovered, you will be approved for reinstatement from retirement. State members may have a mandatory right to return to the job classification from which they retired. Once you are reinstated and return to employment, your retirement allowance will stop, and you will again be an active CalPERS member. You can find out more about reinstatement by reviewing the publication *A Guide to CalPERS Reinstatement from Retirement*. Call CalPERS toll free at 888 CalPERS (or 888-225-7377) or visit www.calpers.ca.gov to obtain a copy of this publication.

Re-Evaluation

CalPERS has the authority to periodically re-evaluate your medical condition to determine if you have recovered from your disability until you reach age 50 (age 55 for state second tier and members under the 1.5 percent at 65 formula). For public agency local safety members, your employer also has the right to such re-examination until you reach age 50.

Changing Your Beneficiary or Monthly Benefit After Retirement

There are limited situations when you can change your lifetime beneficiary or benefit option after retirement. You must have a qualifying event, such as a change in your marital status or domestic partnership status, or your beneficiary dies. Electing to change your option and name a new beneficiary reduces your current benefit. To learn more about this topic, review the publication *Changing Your Beneficiary or Monthly Benefit After Retirement*.

When considering a change to your retirement option, remember that continuation of health or dental insurance coverage for a new spouse or...
domestic partner depends on your election of an option that provides them with a monthly benefit and their enrollment as a dependent in your plan at the time of your death.

**Lump-Sum Beneficiary Designation**

If you elected retirement payment Option 1, 4 – 2W/1, or 4 – 3W/1, you may change your beneficiary(ies) for the Option 1 Balance of Contributions at any time. You may also change your beneficiary(ies) for the lump-sum death benefit at any time.

To change your beneficiary designation for any of the lump-sum death benefits, log in to my.calpers.ca.gov and submit a *Post-Retirement Lump-Sum Beneficiary Designation* form. You can also download this form at www.calpers.ca.gov or find it in the publication *Changing Your Beneficiary or Monthly Benefit After Retirement*.

A change in your marital or domestic partnership status, or the birth or adoption of a child after retirement will automatically revoke a previous beneficiary designation for any lump-sum benefits. You will need to submit a new *Post-Retirement Lump-Sum Beneficiary Designation* form. If there is no valid designation in effect at the time of your death, any payable lump-sum death benefits will be paid to your statutory beneficiary, as determined by law.

**Removing Your Lifetime Beneficiary After Retirement**

If you retired under Option 2W or Option 3W and named your spouse or registered domestic partner as your lifetime beneficiary, you may only remove him or her if you get an annulment in which the court confirms the annulment, divorce, or legal separation, or you terminate your domestic partnership and you are awarded 100 percent of your CalPERS retirement. Otherwise, he or she will still receive a monthly lifetime benefit upon your death. However, if you were awarded 100 percent interest in your retirement account, you may ask us to remove your former spouse or partner as your beneficiary. Doing so will not change the amount of your retirement allowance.

To remove your former spouse or partner as the option beneficiary, you must send a letter to CalPERS Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, and include a photocopy of the court order that awards you with full interest in your retirement account. Be sure to write your Social Security number or CalPERS ID in the upper right corner of your letter and court order.
BECOME A MORE INFORMED MEMBER

CalPERS Website

Visit www.calpers.ca.gov for information on all our benefits and services.

my|CalPERS

Log in at my.calpers.ca.gov to access real-time details and balances of your CalPERS accounts. With my|CalPERS you can:
• View, print, and save current and past statements.
• Select mailing preferences for your statements, newsletters, and retirement checks.
• Search for medical premium rates and health plans available in your area and confirm which dependents are covered on your health plan.
• Estimate your future retirement benefit and save the estimates to view later.
• Send and receive secure messages.
• Order and download publications.
• Send account information to third parties, such as banks.
• Apply for service retirement.
• Change your beneficiary designation.
• Retirees can update contact information, set up direct deposit, and change tax withholdings.

CalPERS Education Center

Whether you’re in the early stages of your career or getting ready to retire, visit the CalPERS Education Center in my|CalPERS to:
• Take online classes that help you have a better understanding of your CalPERS benefits.
• Register for instructor-led classes at a location near you.
• Download class materials and access information about your current and past classes.
• Schedule a one-on-one appointment with a representative at your nearest CalPERS Regional Office.

Experience CalPERS Through Social Media

Facebook: www.facebook.com/myCalPERS
Twitter: www.twitter.com/CalPERS
Instagram: www.instagram.com/CalPERS
YouTube: www.youtube.com/CalPERSNetwork
LinkedIn: www.linkedin.com/company/calpers

Reach Us by Phone

Call us toll free at 888 CalPERS (or 888-225-7377). Monday through Friday, 8:00 a.m. to 5:00 p.m.
TTY: (877) 249-7442
Visit Your Nearest CalPERS Regional Office

**Fresno Regional Office**
10 River Park Place East, Suite 230
Fresno, CA 93720

**Glendale Regional Office**
Glendale Plaza
655 North Central Avenue, Suite 1400
Glendale, CA 91203

**Orange Regional Office**
500 North State College Boulevard, Suite 750
Orange, CA 92868

**Sacramento Regional Office**
Lincoln Plaza East
400 Q Street, Room 1820
Sacramento, CA 95811

**San Bernardino Regional Office**
650 East Hospitality Lane, Suite 330
San Bernardino, CA 92408

**San Diego Regional Office**
7676 Hazard Center Drive, Suite 350
San Diego, CA 92108

**San Jose Regional Office**
181 Metro Drive, Suite 520
San Jose, CA 95110

**Walnut Creek Regional Office**
Pacific Plaza
1340 Treat Boulevard, Suite 200
Walnut Creek, CA 94597

Visit the CalPERS website for directions to your local office.
Regional Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.
Important Information for Regional Office Visits

Prior to your office visit, please be sure to complete the following important steps:
• Complete **all forms** in the application publication to the best of your ability.
• Review the estimate of retirement benefits and bring the estimate with you to your appointment.
• Bring your picture identification.
• Your spouse or legal partner must also attend the appointment and bring his/her picture identification.
• If applicable, bring copies of your marriage or domestic partner certificate.
• Bring a copy of your beneficiary’s birth certificate.
• Write down any questions you have in advance.

**What We Can Do**
• Answer basic retirement-related questions.
• Receive and witness completed retirement applications.
• Accept CalPERS forms and supporting documents.
• Receive requests for retirement estimates to be mailed to your home.
• Register you for a **free** Member Education class or individual appointment.

**What We Cannot Do During Your Visit**
• Conduct detailed research on your account.
• Resolve complex account issues or discrepancies.
• Provide immediate retirement estimate results.
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).

CalPERS is governed by the Public Employees’ Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811.