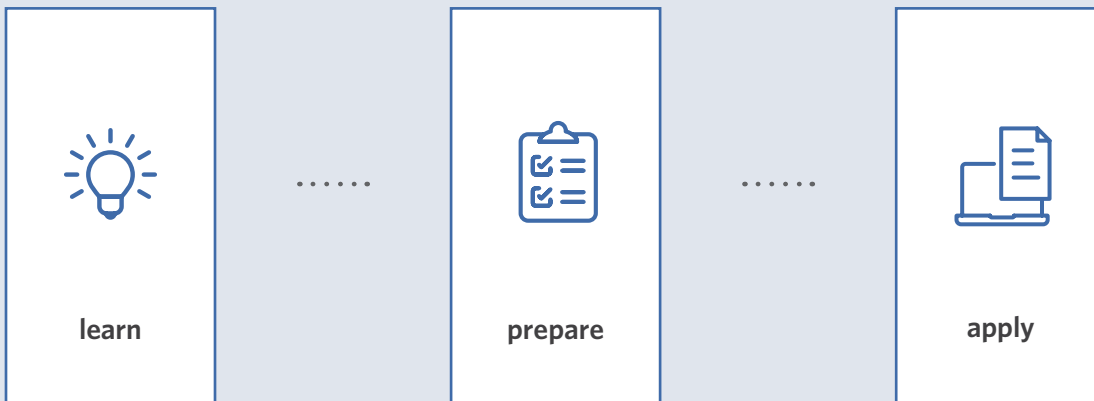


A Guide to Completing Your CalPERS Disability Retirement Election Application



Your Guide to Disability Retirement

This publication will help you understand the disability retirement benefit options and provides instructions for completing the CalPERS ***Disability Retirement Election Application*** and other necessary forms. 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.

You — or someone on your behalf, such as your employer — may file a disability retirement application for your retirement. If your employer applies on your behalf, they must complete the ***Employer-Originated Disability Retirement Application*** available on our website.

Contents

Introduction	2
Before You Start	3
Disability and Industrial Disability Retirement Requirements	4
Service Retirement Pending Disability or Industrial Disability Retirement.	7
Emergency Disability Retirement	7
Figuring Your Disability or Industrial Disability Allowance	8
How to Complete Your Disability Retirement Election Application	10
Supporting Documents	24
Other Considerations	24
What Happens Next?	27
Application Package Checklist	29
CalPERS Health Benefits	30
Taxes and Your Disability Retirement	34
After Retirement.	37
How to Contact Us	38
Visit Your Nearest CalPERS Regional Office	39
Privacy Notice	40
Forms	41

Introduction

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 will result in death.

If you have a workers' compensation claim, do not wait for a finding of permanent disability, or for the claim to be settled, before applying. Once we receive all the required information described in this publication, we can begin processing your application.

If you plan to purchase service credit, you will need to log in to your myCalPERS account to get an estimate, submit a costing request, and make the election. Also, you must pay your service credit purchase in full before your planned retirement date. If the balance is not paid in full prior to retirement, your retirement allowance will be reduced by the actuarial equivalent of the balance. To learn more, refer to ***A Guide to Your CalPERS Service Credit Purchase Options*** (PUB 12) and ***A Guide to Your CalPERS Military Service Credit Options*** (PUB 15).

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 "How to Complete Your Disability Retirement Election Application" 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.

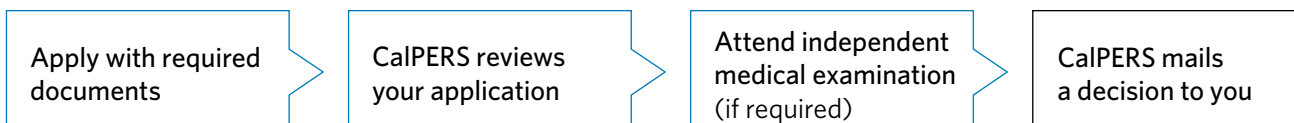
Your Responsibility: Know What You Need to Do

- Review the materials and information in this publication carefully before you complete any forms.
- Obtain a CalPERS-generated estimate by completing a **Retirement Allowance Estimate Request** form. Having this information can help you make an informed decision when you select your retirement benefit option.
- Submit a retirement application to CalPERS to complete the retirement process—separation from employment alone is not considered retirement.
- 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, physician, or workers' compensation carrier (if any) 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.
- You must stop working from any CalPERS-covered employer for which you are employed in any capacity before your retirement date. This includes any full-time, part-time, or intermittent positions regardless if the position individually qualifies you for membership or you make contributions for that position. Ask your employer's Human Resources or Payroll department if they are a CalPERS-covered employer.

If you are an elected or appointed official, and you elected CalPERS membership for the elected or appointed office, you must stop working in this position to be eligible to retire.
- It is your responsibility to inform every CalPERS employer of your planned retirement date so that each employer can submit permanent separation information on your behalf. Your retirement date can be no earlier than the day after your last day on payroll with any CalPERS employer.

If you apply for service pending disability or industrial disability retirement and the disability or industrial disability portion of your application is canceled, you must reapply within six months from the date your initial application is canceled.

Application Process Overview



Disability and Industrial Disability Retirement Requirements

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 will 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
- While absent on military service; or
- Within four months of discontinuance of CalPERS-covered employment or while on an approved leave of absence; or
- While incapacitated to perform duties from the discontinuance of CalPERS-covered employment to the time of application.

If you are a retiree, you are ineligible to apply for disability or industrial disability retirement as your membership has ceased. The only exception is if you file an application for disability or industrial disability retirement within four months of discontinuance of state service. CalPERS will need to determine if your late application can be accepted.

The disability does not need to be permanent; it can be temporary.

If you have a workers' compensation claim, do not wait for a finding of permanent disability, or for the claim to be settled, before applying.

If we do not receive all required information, you may experience a delay in the processing of your application or your application may be canceled. If you apply for service pending disability or industrial disability retirement and the disability or industrial disability portion of your application is canceled, you must reapply within six months from the date your initial application is canceled.

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 disabling 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

Disability and Industrial Disability Retirement Requirements (continued)

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.

To be eligible for disability or industrial disability retirement, you must be incapacitated from performing the usual job duties with your current employer.

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 listed here. 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 or the Department of the Youth Authority.

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 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.

Disability and Industrial Disability Retirement Requirements (continued)

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).

Employer-Originated Application

If your employer submits a disability retirement application on your behalf, they must complete the ***Employer-Originated Disability Retirement Application*** available at www.calpers.ca.gov.

Once CalPERS receives the employer-originated application, you will be notified and we will send you the publication ***A Guide to Completing Your CalPERS Disability Retirement Election Application*** (PUB 35).

You will be required to complete the ***Disability Retirement Election Application*** unless you elect to waive the right to retire on disability.

If you do not comply with completing the application, the employer-originated application will be canceled and both you and your employer will be notified.

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 complete your application and Sections 1 and 2 of the ***Employer Information for Disability Retirement*** form and submit them to CalPERS.

You are still subject to the same laws regarding the 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. **Note:** If the disability or industrial disability portion of your application is canceled, you must reapply within six months from the date your initial application is canceled, or we may not be able to accept a subsequent application.

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.

To be eligible for service retirement, you must be at least age 50 and have a minimum of five years of CalPERS-credited service. If you became a member on or after January 1, 2013, you must be at least age 52. **Note:** If you have a combination of classic and PEPRA service, you may be eligible to retire at age 50.

There are some exceptions to the five-year service requirement. Call CalPERS toll free at **888 CalPERS** (or **888-225-7377**) to learn whether an exception applies to you.

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% for state first tier and public agency miscellaneous, 1.125% for state second tier, or 1.35% for the local 1.5% at 65 formula); and
- Your final compensation amount (and whether it is based on a 12- or 36-month 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% 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% to determine your percentage of final compensation. The maximum percentage allowable is 33.333%.

Then

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%. The maximum percentage allowable is 33.333%.

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

Then

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.

Your disability retirement benefit allowance is based on your years of service credit, your benefit factor, and your final compensation.

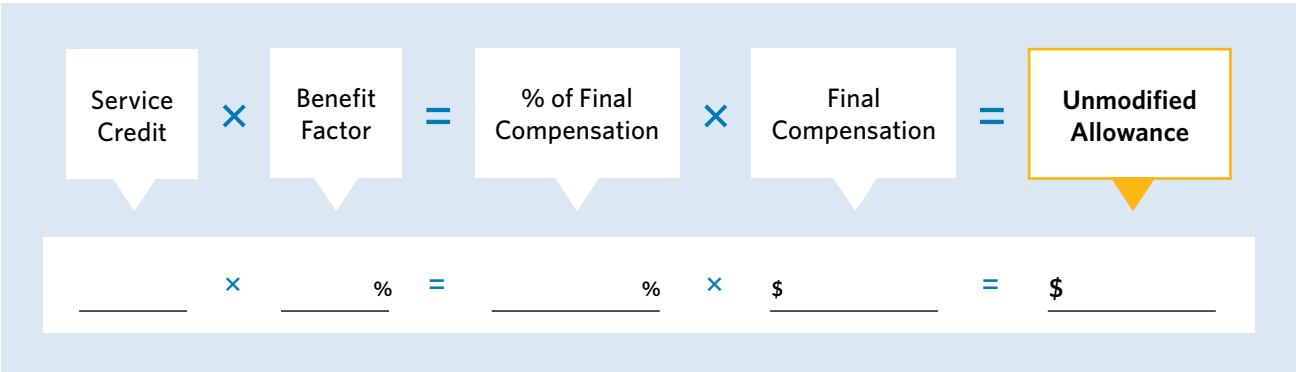
Your final compensation is your highest average annual compensation during any consecutive 12- or 36-month period of employment. We use your full-time pay rate, not your earnings. If you work part time or are paid hourly, we will convert your pay rate to a monthly equivalent.

If you have a combination of classic and PEPR service, we will use one final compensation amount for the service earned under your classic service and a second final compensation amount under your PEPR service (California Code of Regulations section 579.24(b)).

Note: We cannot apply your PEPR salary toward your classic service and vice versa.

Figuring Your Disability or Industrial Disability Allowance (continued)

Figuring Your Disability Allowance



Local Public Agency

If your employer has an agreement for the 1.5% 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% 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%. The maximum percentage allowable is 33.333%.

Then

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% for each additional year, to a maximum of 50%. 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% 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.

How to Complete Your Disability Retirement Election Application

For CalPERS to review your application, you must submit a complete application package. All the forms you will need are available in the back of this publication and on our website at www.calpers.ca.gov. 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 follow the instructions in this publication for each section while you complete the form.

Retirement Forms

Forms can be found in the back of this publication and at www.calpers.ca.gov under **Forms & Publications**.

Questions?

If you have questions or need assistance with filling out your application, call CalPERS toll free at **888 CalPERS** (or 888-225-7377) Monday through Friday, 8:00 a.m. to 5:00 p.m.

Important!

Failure to complete all sections of the application will result in either a rejection of your application or a delay in the determination process.

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

Complete all fields with your personal information.

If you have changed your name, you must provide CalPERS with a photocopy of the document validating the change (marriage certificate, court order, etc.). Additionally, the IRS requires us to obtain a photocopy of your updated Social Security card containing your new name before we can stop using your former name.

By providing your email address, you are agreeing to receive occasional CalPERS email notifications.

How to Complete Your Disability Retirement Election Application (continued)

Section 2 – Information About Your Retirement

Complete all fields with your retirement information.

You must provide the actual **retirement date** you have chosen (month, day, and year) if you are applying for service pending disability or service pending industrial 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 or write “expiration of benefits.”

The effective date of your retirement must be after your last day on payroll for all CalPERS-covered positions, and **we must receive your application within nine months of your last day on payroll**. If we don’t receive your application within nine months of that date, then your retirement date can be no earlier than the first of the month in which we receive your application. If you elected to purchase service credit, your retirement date can be no earlier than the day following your service credit purchase election.

If you are a member of a defined benefit plan with another California public retirement system, your CalPERS retirement date must be the same as the retirement date from the other system to receive the highest possible benefit amount. You must submit a retirement application to each system. And you must submit your retirement application within nine months of leaving CalPERS employment or separating from another California public retirement system. Otherwise, the retirement date can be no earlier than the first of the month in which CalPERS receives your application.

If you plan to purchase service credit, you must submit a costing request, make the election, and pay

your service credit purchase in full before your planned retirement date. If the balance is not paid in full prior to retirement, your retirement allowance will be reduced by the actuarial equivalent of the balance.

You must stop working from any CalPERS-covered employer for which you are employed in any capacity before your retirement date. This includes any full-time, part-time, or intermittent positions regardless if the position individually qualifies you for membership or you make contributions for that position. Ask your employer’s Human Resources or Payroll department if they are a CalPERS-covered employer.

If you are an elected or appointed official, and you elected CalPERS membership for the elected or appointed office, you must stop working in this position to be eligible to retire.

To learn more, refer to ***A Guide to Your CalPERS Service Credit Purchase Options*** (PUB 12) and ***A Guide to Your CalPERS Military Service Credit Options*** (PUB 15).

Submit your medical records to the retirement system under which you were last employed. For more information, refer to ***A Guide to CalPERS When You Change Retirement Systems*** (PUB 16).

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.

- State your specific injury/illness which currently prevents you from performing your usual job duties.
- Describe when and how it occurred.
- Describe your specific limitations/preclusions due to your injury or illness.

How to Complete Your Disability Retirement Election Application (continued)

- 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).

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

Choose one retirement payment option. Your choice becomes irrevocable 30 days from the issuance of your first retirement check. See below for a description of the available options.

If you designate someone other than your spouse or registered domestic partner as beneficiary for a lifetime allowance, your spouse or domestic partner may be entitled to a community property share of the beneficiary's allowance.

Retirement Payment Option	For You	For Your Beneficiary
Unmodified Allowance	Provides the highest monthly allowance paid for life.	There is no continuing monthly benefit to a beneficiary and no return of unused member contributions upon your death.
Return of Remaining Contributions Option 1*	<ul style="list-style-type: none">• Only available if you paid contributions to CalPERS.• Can name one or more beneficiaries.	<ul style="list-style-type: none">• Does not provide ongoing monthly benefit.• Upon your death, provides a lump-sum payout of any remaining member contributions in your account to one or more named beneficiaries.• If no remaining member contributions, no benefit is paid.
100 Percent Beneficiary Option 2*	<ul style="list-style-type: none">• Can name only one beneficiary for an ongoing monthly benefit.• Can name one or more beneficiaries for the lump-sum portion.	<ul style="list-style-type: none">• Provides 100% of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.• Upon both your deaths, a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.

* It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues.

Graphic continued on next page...

How to Complete Your Disability Retirement Election Application (continued)

Retirement Payment Option	For You	For Your Beneficiary
100 Percent Beneficiary Option 2 with Benefit Allowance Increase	<ul style="list-style-type: none"> • Can name only one beneficiary. • If your beneficiary dies before you, or you have another qualifying event, your benefit will increase to the Unmodified Allowance. 	Provides 100% of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.
50 Percent Beneficiary Option 3*	<ul style="list-style-type: none"> • Can name only one beneficiary for an ongoing monthly benefit. • Can name one or more beneficiaries for the lump-sum portion. 	<ul style="list-style-type: none"> • Provides 50% of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. • Upon both your deaths, a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
50 Percent Beneficiary Option 3 with Benefit Allowance Increase	<ul style="list-style-type: none"> • Can name only one beneficiary. • If your beneficiary dies before you, or you have another qualifying event, your benefit will increase to the Unmodified Allowance. 	Provides 50% of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.
Flexible Beneficiary Option 4	<ul style="list-style-type: none"> • Can name one or more beneficiaries. • Can specify a specific dollar or percentage be paid to each beneficiary. 	Provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your retirement benefit to one or more named beneficiaries upon your death.

* It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues.

How to Complete Your Disability Retirement Election Application (continued)

If you are required by a court order to designate your nonmember spouse or domestic partner for an ongoing monthly benefit, fill in your former spouse/partner's name and Social Security number or CalPERS ID, and then choose one of the following Court-Ordered Community Property Option 4 options for your share of the benefit.

Retirement Payment Option	For You	For Your Beneficiary
Court-Ordered Community Property Option 4 / Unmodified Allowance	For your remaining share, provides you the highest monthly allowance paid for your lifetime.	<ul style="list-style-type: none"> Provides an ongoing monthly benefit to your nonmember spouse or domestic partner equal to his or her community property interest. There is no return of unused member contributions upon your death.
Court-Ordered Community Property Option 4 / Return of Remaining Contributions Option 1*	<ul style="list-style-type: none"> Only available if you paid contributions to CalPERS. Can name one or more beneficiaries for the lump-sum portion of your remaining share. 	<ul style="list-style-type: none"> Provides an ongoing monthly benefit to your nonmember spouse or domestic partner equal to his or her community property interest. For your remaining share, provides a lump-sum payout of any remaining member contributions in your account to one or more named beneficiaries.
Court-Ordered Community Property Option 4 / Specific Percentage or Specific Dollar Amount	<ul style="list-style-type: none"> Can name one or more beneficiaries for your remaining share. Can specify a specific dollar or percentage be paid to each beneficiary. 	<ul style="list-style-type: none"> Provides an ongoing monthly benefit to your nonmember spouse or domestic partner equal to his or her community property interest. For your remaining share, provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your retirement benefit to one or more named beneficiaries upon your death.

* It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues.

How to Complete Your Disability Retirement Election Application (continued)

Section 6a – Complete Your Beneficiary Information – Ongoing Monthly Benefit

Complete all fields. The beneficiary you name to receive an ongoing monthly benefit becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event.

For more information about qualifying life events, refer to the publication ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98).

You must submit birth date evidence for your named beneficiary. If your beneficiary is your spouse and there is a Survivor Continuance benefit, you must also submit evidence of marriage. For a list of acceptable documents, refer to “Supporting Documents” on page 24.

Section 6b – Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

Complete all fields for each beneficiary you name. Any beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event.

For more information about qualifying life events, refer to the publication ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98).

Specify either a specific percentage or dollar amount, or leave the fields blank if you are naming more than one beneficiary and want your beneficiaries to receive equal shares.

You must submit birth date evidence for your named beneficiaries. If your beneficiary is your spouse and there is a Survivor Continuance benefit, you must also submit evidence of marriage. For a list of acceptable documents, refer to “Supporting Documents” on page 24.

Section 6c – Complete Your Beneficiary Information – Return of Remaining Contributions

Complete all fields for each beneficiary you name. You can change this beneficiary designation at any time.

Provide the name, Social Security number or CalPERS ID, birth date, 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.

You can name **primary** and **secondary** beneficiaries. The benefit is paid to your primary beneficiary (or beneficiaries) first. If the primary beneficiary dies, the benefit will go to your secondary beneficiary. We pay equal shares unless you enter a percentage for each beneficiary. If you enter a percentage, the total must equal 100%.

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 Return of Remaining Contributions balance, call us toll free at **888 CalPERS** (or **888-225-7377**). There is

How to Complete Your Disability Retirement Election Application (continued)

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.

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.

Section 7 – Retired Death Benefit – Beneficiary Designation

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 beneficiary designation.

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

Section 8 – Survivor Continuance Information

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

How to Complete Your Disability Retirement Election Application (continued)

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.

An eligible survivor for service retirement pending approval of a disability or industrial disability retirement is a spouse married to you or a domestic partner legally recognized in California as your domestic partner at least one year prior to your retirement date and continuously until your death; or an unmarried child who is under age 18 or disabled; or an economically dependent parent.

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% 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% of the Unmodified Allowance.

Section 9 – 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.

If you have a workers' compensation claim, do not wait for a finding of permanent disability, or for the claim to be settled, before applying.

How to Complete Your Disability Retirement Election Application (continued)

Section 10 – Tax Withholding Election

This section tells CalPERS how you want to handle your income tax withholding. For help in making this decision, see 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 Election** form.

You can choose only one federal income tax option and one state income tax option.

- **Step 1 – Federal Tax Withholding Election**

You need to provide us with your citizenship and residency. For U.S. citizens and resident aliens, federal tax withholding is required on monthly payments delivered outside the United States or its possessions.

If you do not make a federal withholding election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are single with no adjustments.

- **Step 2 – Income from a Job and/or Multiple Pensions/Annuities**

Complete this step if you have at least one of the following:

- Income from a job
- Income from another pension or annuity
- Income from a spouse who has a job and/or a pension or annuity (if you’re married filing jointly)

- **Step 3 – Claim Dependent and Other Credits**

Complete this step to determine the amount of the child tax credit and other credits for other dependents you may be able to claim when you file your tax return.

You can include other tax credits, such as foreign tax credits or education tax credits.

Including these credits will increase the amount you pay toward your federal taxes and will reduce the amount of any refund you may receive when you file your tax return.

- **Step 4a – Other Income (Optional)**

Complete this step if you have other sources of income that are not from any job, pension, or annuity.

- **Step 4b – Deductions (Optional)**

Complete this step if you expect to claim deductions other than the basic standard deductions on your tax return, and you want to reduce your tax withholding to account for these deductions.

The Deductions Worksheet on the following page can help you calculate your deduction amount. If you have questions about your tax deduction amount, contact your tax advisor or the Internal Revenue Service at www.irs.gov or call (800) 829-1040.

- **Step 4c – Extra Withholding (Optional)**

Complete this step if you would like to withhold any additional tax withholding amount from your retirement check.

- **California State Tax Withholding Election**

If you do not make a state tax withholding election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are single with zero allowances.

If you reside outside of California, your CalPERS pension income is not subject to California state income tax.

How to Complete Your Disability Retirement Election Application (continued)

Step 4b - Deductions Worksheet (Keep for your records)

1) Enter an estimate of your annual itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . >	1	\$ _____
2) Enter: • \$25,900 if you're married filing jointly or qualifying widow(er) • \$19,400 if you're head of household • \$12,950 if you're single or married filing separately >	2	\$ _____
3) If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" >	3	\$ _____
4) If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • \$1,750 if you're single or head of household. • \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65. • \$2,800 if you're married and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information >	4	\$ _____
5) Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information >	5	\$ _____
6) Add lines 3 through 5. Enter the result here and in Step 4(b) >	6	\$ _____

You must elect tax withholding for each type of application you submit. For example, if you previously applied for a service retirement and later submit a disability application, you need to elect tax withholding on the disability application, otherwise we will withhold taxes as if you are single with no adjustments.

How to Complete Your Disability Retirement Election Application (continued)

Section 11 – Direct Deposit Information

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. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS.

Section 12 – 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*.

If you are eligible for Medicare, specific rules apply for you to continue your CalPERS health enrollment. Refer to the CalPERS *Medicare Enrollment Guide* for additional information.

Section 13 – Spousal Consent to Beneficiary Designation

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive an ongoing monthly benefit or lump-sum benefits that may be payable upon your death. Your signature must be notarized by a notary public or witnessed by a CalPERS representative.

If your spouse or registered domestic partner consents to your beneficiary designation, his or her signature must also be notarized by a notary public or witnessed by a CalPERS representative.

Section 14 – Signatures and Notary or Witness Acknowledgment

This section must be completed or your application will be returned. 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 Regional Office. If you reside in a foreign country, staff at the U.S. Consulate may witness your form.

If you are married or in a legally recognized domestic partnership, your current spouse or domestic partner must sign the application to acknowledge your election of retirement benefit option unless:

How to Complete Your Disability Retirement Election Application (continued)

- You have elected 100 Percent Beneficiary Option 2 or 100 Percent Beneficiary Option 2 with Benefit Allowance Increase as your retirement payment option, **and**
- You have designated your spouse or registered domestic partner as the beneficiary, **and**
- You have designated him or her as the sole primary beneficiary of any lump-sum benefits.

Otherwise, 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 Domestic Partnership," "Divorced, Annulled, or Domestic Partnership Terminated," or "Widowed" in this section.

Authorization to Disclose Protected Health Information

This form allows your health care providers to release medical information to CalPERS necessary to make a disability determination. You must complete, sign, and date the form for each health care provider/facility or physician 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. Your employer must complete the form and forward it to CalPERS.

It is your responsibility to follow up with third parties to ensure they complete and submit the required information to CalPERS.

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.

How to Complete Your Disability Retirement Election Application (continued)

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.

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 and 3 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 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.

Failure to return the completed **Physician's Report on Disability** form, the **Physical Requirements of Position/Occupational Title** form, and the job duty statement or job description will delay the determination process and may result in your application being canceled.

Medical reports from the physician(s) specializing in your disabling condition(s) are required in order to make a disability determination.

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.

Information for Local Safety Members

If you are a local safety member, you are required to submit the following documents:

- ***Disability Retirement Election Application*** form — Complete all sections.
- ***Employer Information for Disability Retirement*** form — Complete Sections 1 and 2, sign, and send it to CalPERS. Send a copy to your employer to complete Section 3 and forward to CalPERS.

An incomplete application packet will delay the processing of your application.

Supporting Documents

Birth Date Evidence

The following options provide an ongoing monthly benefit to your named beneficiary (or beneficiaries):

- 100 Percent Beneficiary Option 2
- 100 Percent Beneficiary Option 2 with Benefit Allowance Increase
- 50 Percent Beneficiary Option 3
- 50 Percent Beneficiary Option 3 with Benefit Allowance Increase
- Flexible Beneficiary Option 4
- Court-Ordered Community Property Option 4 / Specific Percentage or Specific Dollar Amount

If you chose any of the options above, provide a photocopy of one of the following acceptable documents to validate each beneficiary's date of birth:

- Birth certificate or delayed birth certificate
- Border crossing card with I-94
- Driver's license
- Foreign passport with I-94
- Naturalization or U.S. passport
- Social Security certification

Send Photocopies, Not Original Documents

CalPERS cannot return original documents. Documents submitted are eventually destroyed. Please send photocopies of documents only.

Marriage or Domestic Partnership Evidence

If you have a Survivor Continuance benefit, provide a photocopy of one of the following acceptable documents:

- Marriage certificate
- State-recognized certificate of domestic partnership

Note: If you do not have any of the documents listed above, please contact us.

Other Considerations

Workers' Compensation

If you have a workers' compensation claim, do not wait until your condition is "permanent and stationary" under workers' compensation requirements, or for the claim to be settled, 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.

Long-Term Disability Benefits

If you are receiving long-term disability benefits while waiting for your disability application to be approved, you may want to contact your carrier regarding the impact of the disability retirement to your long-term disability benefits.

Other Considerations (continued)

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 live out of state, you may be required to attend an IME in California. If you are traveling from out of state, travel expenses are

paid only from the California border to the appointment location.

Your failure or refusal to attend an IME appointment may result in the cancellation of your application. If your application is canceled and you still believe you are eligible for a disability retirement, you will need to submit a new application package to start the process over again.

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.

Other Considerations (continued)

Power of Attorney

A CalPERS special power of attorney allows you to designate a representative or agent, known as your attorney-in-fact, to conduct your retirement affairs.

Should you become unable to act on your own behalf, your designated attorney-in-fact will be able to perform important duties concerning your CalPERS business, such as address changes, federal or state tax withholding elections, and retirement benefit elections.

The CalPERS special power of attorney is specifically designed for use by active and retired CalPERS members and beneficiaries. You may already have a power of attorney set up through another resource; however, it may not address your CalPERS retirement benefits. For more information, review the publication ***A Guide to the CalPERS Special Power of Attorney*** (PUB 30).

Divorce, Legal Separation, or Termination of Domestic Partnership

If you have a community property claim on your retirement account, a hold is placed on your account and benefits are held until the claim is resolved. We recommend that you resolve the claim before you retire to avoid possible delays in processing your retirement benefits. **However, you should not wait to submit your retirement application. Waiting to apply for retirement may affect the retirement date and other benefits you are entitled to receive.** For more information, review the publication ***A Guide to CalPERS Community Property*** (PUB 38A).

If you are not sure whether your claim has been resolved or have questions about your court order or your benefits, please call us toll free at **888 CalPERS** (or **888-225-7377**).

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.

If you take a refund rather than retire, your membership in CalPERS terminates, and you are ineligible for any future CalPERS retirement benefits — unless you later return to work for a CalPERS-covered employer.

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 (CalHR). 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, we 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.

Adjustments to Your Retirement Benefit

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 up to four months after you begin receiving your monthly retirement payments.

What Happens Next? (continued)

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.

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 all your current deductions continue after you retire or add new deductions, you must contact the provider and complete their authorization request. The provider will then submit the request to CalPERS for processing.

Application Package Checklist

Submit a Complete Application Package

We recommend that you follow the step-by-step instructions described in the “How to Complete Your Disability Retirement Election Application” section of this publication.

CalPERS Disability Retirement Application Process

Request an Estimate

Obtain Medical Records

Complete Required Documents

Submit Application with Required Documents

Application Package Review

Independent Medical Examination (if required)

Written Decision

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
 - ☐ Photocopy of marriage or domestic partner 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 Health Information** form for each health care provider/facility or physician
- ☐ 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.

CalPERS Health Benefits

Health Insurance Covered Under PEMHCA

If you are nearing retirement, read this section to gain an understanding of how retirement will affect your health benefits under the Public Employees' Medical and Hospital Care Act (PEMHCA). Contact your health benefits officer or personnel office for questions about your health benefits. Once you are retired, contact CalPERS for any questions about your health benefits or to make changes to your plan or dependents.

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).

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

Your Separation Date and Your Retirement Date

As retirement approaches, two dates are particularly important: your separation date (last day of employment) and your retirement date. If you are not sure when these dates occur, talk to your employer.

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 have the option to cancel your coverage by:

- Submitting a **Health Benefits Plan Enrollment** form to your employer (if you are still employed),
- Declining health coverage in the CalPERS **Disability Retirement Election Application**, or
- Writing or calling CalPERS to request to cancel health coverage (if you are already retired).

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 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. This means you can make most changes to your health enrollment by calling CalPERS at **888 CalPERS** (or 888-225-7377) or log in to your personal myCalPERS account at my.calpers.ca.gov.

CalPERS Health Benefits (continued)

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:

- Writing to CalPERS within 60 days of your retirement date and requesting re-enrollment, or
- Waiting for the next Open Enrollment period.

You can pay monthly premiums directly to your health plan when you are not on a regular pay status. And you can avoid having your coverage suspended between your last day of work and your retirement date by paying the full monthly premium. 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 eligible for CalPERS health benefits, but 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 CalPERS for more information and assistance with your enrollment.

If your retirement effective date is more than 120 days after separation from employment, you are not eligible for coverage at retirement or at any future date. There are some exceptions to this rule. Contact CalPERS 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, contact CalPERS.

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)
 - With Amyotrophic Lateral Sclerosis (ALS, or Lou Gehrig's Disease)

Medicare is regulated 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)
- Medicare Advantage Plans (Medicare Part C)
- Part D (Prescription Drug Coverage)

If you and/or your dependent are over age 65, retired, and eligible for premium-free Medicare Part A and premium-based Medicare Part B, CalPERS requires you to enroll in both Part A and Part B, and then transfer into a CalPERS Medicare health plan to continue CalPERS health coverage.

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.

If you are not eligible for premium-free Part A through your own work history, you may be eligible for premium-free Medicare Part A through the work history of a spouse who became eligible prior to turning age 65 (eligibility may be determined through a current, former, or deceased spouse). If you do not

CalPERS Health Benefits (continued)

qualify for premium-free Part A through your or a spouse's work history, 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 do not qualify for premium-free Medicare Part A but qualify for Medicare Part B, you may be able to enroll in the Kaiser Permanente Senior Advantage (KPSA) plan. KPSA is the only Medicare Advantage plan offered by CalPERS in which members without premium-free Medicare Part A but with Medicare Part B are allowed to enroll.

If you are under age 65, Medicare eligible, and have completed your coordination of benefits, you may choose to enroll in a CalPERS Medicare health plan by providing your Medicare information to CalPERS.

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 several Medicare health plans. When you retire, become Medicare eligible, and enroll in Medicare Part A and Part B, CalPERS will enroll you in a CalPERS Medicare health plan of your choice that is available to you. If you do not choose a new

health plan, CalPERS will automatically transfer you into a CalPERS Medicare health plan. There are three types of Medicare plans available:

- Medicare Advantage Health Maintenance Organization (HMO)
- Medicare Advantage Preferred Provider Organization (PPO)
- PPO Supplement plan

Medicare Advantage plans include Part A, Part B, and Part D. You must remain enrolled in Part A and Part B with the Social Security Administration 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 your covered dependents will be canceled from CalPERS health coverage.

The Medicare Part D premium is 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 (IRMAA) amount that must be paid to the SSA. Payment of this amount is mandatory to protect your Medicare enrollment and eligibility to remain enrolled in a CalPERS Medicare health plan.

CalPERS Health Benefits (continued)

To be enrolled in a CalPERS Medicare health plan, you cannot be enrolled in a non-CalPERS Medicare Part D plan. You may only be enrolled in one Medicare Part D plan at a time.

For more detailed information on how CalPERS and Medicare work together, see the CalPERS **Medicare Enrollment Guide** or visit our website at www.calpers.ca.gov.

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 and CSU Members Only)

State of California 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 by the State of California 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). If you were first hired by the CSU system on or after July 1, 2017, you could be subject to dental vesting requirements. To determine if your bargaining unit has agreed to these requirements, contact the CSU Chancellor's Office.

Vision Care (State and CSU 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.

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.gov or by calling the IRS at (800) 829-1040.

Taxes and Your Disability Retirement (continued)

**Table 1 – Simplified Method, Single Life Annuity
Unmodified Allowance or Return of Remaining
Contributions Option 1**

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

Age at Retirement	Number of Lifetime Payments
55 or under	360
56-60	310
61-65	260
66-70	210
71-74	160

**Table 2 – Simplified Method, Joint Life Annuity
Retirement Options That Provide an Ongoing
Lifetime Benefit**

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

Combined Ages of Annuitants at Retirement*	Number of Lifetime Payments
110 or under	410
111-120	360
121-130	310
131-140	260
141 or over	210

* If you elected an ongoing lifetime benefit 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.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.

Taxes and Your Disability Retirement (continued)

Tax Withholding Election

By law, all CalPERS retirees whose allowances are taxable are required to select one of the following withholding choices:

- To have no taxes withheld; or
- To have taxes withheld according to the tax tables for:
 - Single or Married – Filing Separately
 - Married – Filing Jointly or Qualifying Widow(er)
 - Head of Household

You are also required to provide the following information:

- Your income from any job or another pension or annuity
- Your spouse's income from a job, pension, or annuity if you are married filing jointly
- The amount you are claiming for any dependents or other tax credits

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 single person with no adjustments.

After Retirement

Employment After Retirement

As a disability retiree, you cannot be employed in the same position from which you retired or in a position which includes duties or activities you were restricted from performing at the time of your disability retirement. Before you seek employment after retirement, it is important to review the publication ***A Guide to CalPERS Employment After Retirement*** (PUB 33). 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.

If you return to work in a permanent position for a CalPERS-covered employer without written approval from CalPERS, you may jeopardize your disability or industrial disability retirement.

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*** (PUB 37). 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.

If CalPERS contacts you to re-evaluate your medical condition, you will be required to provide current medical information from your treating physician regarding your disabling condition.

How to Contact Us

Find Us Online

www.calpers.ca.gov

Learn about your benefits and subscribe to email alerts. You'll also find all our publications and forms.

my.calpers.ca.gov

Log in to access your account information or send us a secure message.

news.calpers.ca.gov

Stay up to date on CalPERS news that matters to you.

Call Us

Our offices are open Monday through Friday, 8:00 a.m. to 5:00 p.m. We're closed on state holidays.

Toll free: **888 CalPERS** (or **888-225-7377**)

TTY: (877) 249-7442

Fax: (800) 959-6545

International Calls: +1 916-795-3000

¿Hablas Español?

Para servicio en español marque:

888 CalPERS (o **888-225-7377**)

Write to Us

California Public Employees' Retirement System

Retirement Benefit Services Division

P.O. Box 942711

Sacramento, CA 94229-2711

Experience CalPERS Through Social Media

Connect with us to get the latest CalPERS news.



Visit Your Nearest CalPERS Regional Office

Go to www.calpers.ca.gov/regionaloffices to learn how to make an appointment and prepare for your visit.



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 to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information 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 either on a mandatory or 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 CalPERS. For questions about this notice, our Privacy Policy, or your rights, please write to:

CalPERS
CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also 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.



Retirement Allowance Estimate Request

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

This is a request for an estimate of your potential CalPERS retirement benefit amounts. You must be within one year of your anticipated retirement date to use this form. You are limited to two estimate requests within a 12-month period.

Section 1

Enter the address we have on file for you. If you need to update your address, see the back of this form for instructions.

Information About You

Your Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Daytime Phone	Alternate Phone	
Address			
City		State	ZIP

Section 2

You can only select one type of retirement estimate per form.

Your Retirement Information

Choose one type: ☐ Service Retirement ☐ Disability Retirement ☐ Industrial Disability Retirement

My projected retirement date is: _____
Date Required (mm/dd/yyyy)

Employer	Position Title
----------	----------------

To include your unused sick leave and/or educational leave in your estimate, enter the number of hours you'll have as of your projected retirement date. See the back of this form for eligibility requirements.

Sick Leave Hours	Educational Leave Hours
------------------	-------------------------

What is a survivor vs. a beneficiary? See the back of this form for details and a complete description of the available retirement payment options.

Will you have an eligible survivor on your projected retirement date? ☐ Yes ☐ No

How many beneficiaries do you want to include in your estimate?

- ☐ None
☐ One (Complete the information in the space provided below.)

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

- ☐ One or more and with a specific dollar or specific percentage amount to each beneficiary.
(Complete the information in the spaces provided below.)

Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit	Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit
Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit	Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit

Section 3

See the back of this form for information regarding the Advanced Estimate Scenarios.

Advanced Estimate Scenarios

If you are a member of a defined benefit plan with another California public retirement system and want us to use your final compensation with the other system in your estimate, complete the information below.

Name of Reciprocal System	Estimated Final Compensation Amount
---------------------------	-------------------------------------

If you want to include temporary annuity in your retirement estimate, select one of the choices below.

- ☐ I became a member prior to January 1, 2002, and elect to receive temporary annuity until age _____ in the amount of \$ _____ per month.
(59 1/2 or whole age 60 to 68) Dollars
- ☐ I became a member on January 1, 2002, or later and have CalPERS service coordinated with Social Security. I elect to receive temporary annuity until age _____ in the amount of \$ _____ per month.
(62 to 70) Dollars

Mail to:

CalPERS Retirement Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

Section 1

Information About You

- If you are an active CalPERS member, contact your personnel office and ask them to update your mailing address with us.
- If you are an inactive CalPERS member, update your address at my.calpers.ca.gov or call us toll free at **888 CalPERS** (or **888-225-7377**).

Section 2

Your Retirement Information

Retirement Date - Your retirement date can be no earlier than your last day on payroll. If it has been more than nine months since you left employment, the date you enter cannot be earlier than the first day of the month you submit this form.

Unused Sick Leave/Educational Leave - Your last employer must contract to provide this benefit, and you must retire within 120 days of leaving employment for any unused sick and/or educational leave to be included in your actual retirement benefit.

What is a survivor? - A survivor receives a monthly benefit regardless of the retirement payment you choose. We only include this in your retirement estimate if your employer contracts to provide this benefit. A survivor is defined by law as:

- a spouse or registered domestic partner who was married or registered to you for at least one year before your service 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.)
- natural or adopted unmarried children under age 18.
- an unmarried child who was disabled prior to age 18 and whose disability continues without interruption until the disability ends or until marriage.
- qualifying financially dependent parents, if none of the above.

What is a beneficiary? - A beneficiary is any person you choose to receive either a one-time lump-sum payment or ongoing monthly benefit upon your death.

Retirement Options - When you retire, you will choose one of the following retirement options and name a beneficiary.

- **Unmodified Allowance** - Provides the highest monthly allowance paid for life. There is no continuing monthly benefit to a beneficiary and no return of unused member contributions upon your death.
- **Return of Remaining Contributions Option 1** - Provides a lump-sum payout of any remaining member contributions in your account to one or more beneficiaries upon your death.
- **100 Percent Beneficiary Option 2** - Provides 100 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. Upon both your deaths a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
- **100 Percent Beneficiary Option 2 with Benefit Allowance Increase** - Provides 100 percent of the option portion of your monthly benefit to your named beneficiary upon your death. If your beneficiary dies before you, or if you have another qualifying event, your benefit will increase to the Unmodified Allowance.
- **50 Percent Beneficiary Option 3** - Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. Upon both your deaths, a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
- **50 Percent Beneficiary Option 3 with Benefit Allowance Increase** - Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. If your beneficiary dies before you, or you have another qualifying event, your benefit will increase to the Unmodified Allowance.
- **Flexible Beneficiary Option 4** - Provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your retirement benefit to one or more named beneficiaries upon your death.

Section 3

Advanced Estimate Scenarios

Reciprocity

- Enter the name of the other California public retirement system you are a member of.
- Enter your highest average annual compensation for any consecutive 12- or 36-month period of employment with the other retirement system.
- To be eligible for full reciprocal benefits, such as final compensation exchange, you must retire concurrently.
- Refer to the publication *When You Change Retirement Systems* (PUB 16) for detailed information.

Temporary Annuity

- This benefit is only available for a service retirement.
- Enter the amount you want to receive and to what age depending on your CalPERS membership date.
- If your membership is on or after January 1, 2002, your temporary annuity amount cannot exceed your estimated Social Security benefit. This benefit is not free. Refer to the publication *Temporary Annuity* (PUB 13) for detailed information.

Disability Retirement Election Application

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

Application Type

- | | |
|--|---|
| <input type="checkbox"/> Disability Retirement | <input type="checkbox"/> Industrial Disability Retirement |
| <input type="checkbox"/> Service Pending Disability Retirement | <input type="checkbox"/> Service Pending Industrial Disability Retirement |

Section 1

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

Information About You

Your Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Address			
City	State	ZIP	Country
Birth Date (mm/dd/yyyy)	() ()	() ()	
Daytime Phone		Alternate Phone	
Email Address			

Section 2

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

Information About Your Retirement

Last Day on Payroll (mm/dd/yyyy)	Your Retirement Date (mm/dd/yyyy)
Employer Full Name	
Full Position Title	

Other California Public Retirement Systems

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

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

Information About Your Employment

Check all that apply:

- ☐ I am aware that I may be subject of a disciplinary investigation or action.
- ☐ I was terminated (i.e., for cause, non-punitive termination, Absence Without Leave (AWOL), rejected during probation, etc.).
- ☐ I resigned.
- ☐ I signed an agreement to waive or release my reinstatement rights.
- ☐ I am being investigated for or have been convicted of a work-related felony.
- ☐ None of the above apply to me.

Section 3

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

Disability Information

What is your specific injury or illness which currently prevents you from performing your job duties?

When did the injury or illness occur? (mm/dd/yyyy) _____

How did the injury or illness occur? _____

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

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

Are you currently working in any capacity? ☐ No ☐ Yes

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

Job duties: _____

Other information you would like to provide: _____

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

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

Section 4

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

Treating Physician Detail

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

First Name Last Name

Address

City State ZIP Country

Specialty Secondary Specialty Phone Number

Your Name

Social Security Number or CalPERS ID

Section 5

Select Your Retirement Payment Option

Choose one of the following retirement payment options.

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

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

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

Court-Ordered Community Property Option 4

Provide your former spouse/partner's information and choose one of the options below for your share of the benefit.

Former Spouse/Former Registered Domestic Partner (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

<input type="checkbox"/> Unmodified Allowance	There is no beneficiary designation with this option. Skip to Section 7.
<input type="checkbox"/> Return of Remaining Contributions Option 1	Complete your beneficiary designation in Section 6c.
<input type="checkbox"/> Specific Percentage	Complete your beneficiary designation in Section 6b.
<input type="checkbox"/> Specific Dollar Amount	Complete your beneficiary designation in Section 6b.

Section 6a

Complete Your Beneficiary Information – Ongoing Monthly Benefit

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

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

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

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

Your Name

Social Security Number or CalPERS ID

Section 6b

Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

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

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

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

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

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Relationship to You	
\$ Dollar Amount	% Percent of Benefit		
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Relationship to You	
\$ Dollar Amount	% Percent of Benefit		
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Relationship to You	
\$ Dollar Amount	% Percent of Benefit		
Address			
City	State	ZIP	Country

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

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Relationship to You	
\$ Dollar Amount	% Percent of Benefit		
Address			
City	State	ZIP	Country

Your Name

Social Security Number or CalPERS ID

Section 6c

Complete Your Beneficiary Information – Return of Remaining Contributions

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

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

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

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary 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)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary 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)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary Priority	% Percent of Benefit
Address			
City	State	ZIP	Country

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

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary Priority	% Percent of Benefit
Address			
City	State	ZIP	Country

Your Name

Social Security Number or CalPERS ID

Section 7

Retired Death Benefit—Beneficiary Designation

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

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

If you 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).

Name (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Relationship to You

☐ Primary ☐ Secondary

%

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)

Relationship to You

☐ Primary ☐ Secondary

%

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)

Relationship to You

☐ Primary ☐ Secondary

%

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)

Relationship to You

☐ Primary ☐ Secondary

%

Priority

Percent of Benefit

Address

City

State

ZIP

Country

Your Name

Social Security Number or CalPERS ID

Section 8

Survivor Continuation Information

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

Name of Spouse/Registered Domestic Partner (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Date of Marriage or Registered Domestic Partnership (mm/dd/yyyy)

Address

City

State

ZIP

Country

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

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Address

City

State

ZIP

Country

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

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)

Address

City

State

ZIP

Country

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Address

City

State

ZIP

Country

Section 8 continues on page 8

Your Name

Social Security Number or CalPERS ID

Section 8, continued

Survivor Continuance Information, continued

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

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Address

City

State

ZIP

Country

Section 9

You must complete this
section if you have filed
a workers' compensation
insurance claim for your
current injury or illness.

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

Workers' Compensation Detail

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

Claim Number(s)

Date of Injury (mm/dd/yyyy)

Body Part(s)

Workers' Compensation Carrier

Adjuster: First Name

Last Name

()

()

Phone Number

Fax Number

Email

Address of Workers' Compensation Claim Carrier

City

State

ZIP

Section 10

Tax Withholding Election

Please tell us about your citizenship and residency:

- ☐ I am a citizen of another country and live in the United States.
- ☐ I am a citizen of the United States and live in the United States.
- ☐ I am a citizen of the United States and live in another country.
- ☐ I am a non-resident alien.

Provide your country of citizenship and legal residency.

Country of Citizenship

Country of Legal Residency

Step 1: Federal Tax Withholding Election

Please choose only one.

- ☐ Do not withhold federal income tax
(Skip to California State Tax Withholding Election at the end of this section if you choose not
to withhold federal income tax.)

Withhold federal income tax based on the tax tables for:

- ☐ Single or Married - Filing Separately
- ☐ Married - Filing Jointly or Qualifying Widow(er)
- ☐ Head of Household

Section 10 continues on page 10

Section 10, continued

Tax Withholding Election, continued

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to California State Tax Withholding on the next page.

For more information on each step, see pages 18–19 in the publication **A Guide to Completing Your CalPERS**

Disability Retirement Election Application (PUB 35).

<p>Step 2: Income from a Job and/or Multiple Pensions/Annuities (Including a Spouses' Job/Pension/Annuity)</p> <p>Complete this step if you:</p> <ul style="list-style-type: none"> • have income from a job or more than one pension/annuity; or • are married filing jointly and your spouse receives income from a job or a pension/annuity. <p>a) Job income. If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” \$ _____</p> <p>b) Other Pension and Annuities. If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” \$ _____</p> <p>c) Total: Add the amounts from items (a) and (b) and enter the total here. ></p> <p>TIP:</p> <ul style="list-style-type: none"> • To be accurate, submit a W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. • If Step 2(a) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form. 	<p>2</p>	<p>\$ _____</p>
<p>Step 3: Claim Dependent and Other Credits</p> <p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>a) Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>b) Multiply the number of other dependents by \$500. \$ _____</p> <p>c) Add other credits, such as foreign tax credit and education tax credits . . . \$ _____</p> <p>Add the amounts for qualifying children, other dependents, and other credits and enter the total here ></p>	<p>3</p>	<p>\$ _____</p>
<p>Step 4: Other Adjustments (Optional)</p> <p>a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends ></p> <p>b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, enter the amount of deductions here ></p> <p>c) Extra withholding. Enter any additional tax you want withheld from each payment ></p>	<p>4(a) 4(b) 4(c)</p>	<p>\$ _____ \$ _____ \$ _____</p>

Section 10, continued

Tax Withholding Election, continued

California State Tax Withholding Election

Please choose only one.

☐ Do not withhold State of California income tax.

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

Withhold State of California income tax based on the tax tables for:

☐ Single or Married (with two or more incomes) Number of allowances: _____

☐ Married (one income) Number of allowances: _____

☐ Head of Household. Number of allowances: _____

Additional amount, if any, you want withheld from your pension or annuity payment \$ _____

(Note: You cannot enter an amount here without entering a filing status
and the number, including zero, of allowances.)

Designated amount you would like to withhold from each pension or annuity program \$ _____

Section 11

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

** Trust Account

You also need to complete and submit a *Request for Payment of Monthly Allowance to a Trust* form available at www.calpers.ca.gov and a copy of the Certification of Trust from your trust document.

Direct Deposit Information

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

☐ **Checking** ☐ **Savings** ☐ **Joint** ☐ **Trust Account ****

Routing Number (nine digits)

Account Number

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

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

Name of Financial Institution () Branch Phone Number

Address

City State ZIP

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

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

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

Information About Joint Account Holder, if applicable

Name Social Security Number or CalPERS ID

() Address Daytime Phone

City State ZIP

Section 12

CalPERS Health Coverage

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

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

☐ **I decline continuation of my CalPERS health coverage into retirement.**

Section 13

Spousal Consent to Beneficiary Designation

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive an ongoing monthly benefit or any lump-sum benefits that may be payable upon your death.

Member Acknowledgment

I understand that if I am married or in a registered domestic partnership, my spouse or domestic partner may have community property rights in one or more of the following benefits (if applicable):

- The monthly option benefit that continues following a member's death;
- The return of any remaining member contributions; and/or
- The Retired Death Benefit.

If I name someone other than my spouse or domestic partner as my beneficiary for some or all of these benefits and I die before my spouse or domestic partner, he or she may still be entitled to receive his or her community property share of the benefit(s). If I name one or more other individuals as my beneficiary(ies) to receive a benefit listed above, and my spouse or domestic partner does not consent at this time by signing below, CalPERS will award 50 percent of the community property share of such benefit to my spouse or domestic partner in the event of my death unless he or she waives his or her community property interest in such benefit at the time the benefit becomes payable, and CalPERS will award the remaining 50 percent of the community property share, plus any separate property share, of such benefit to the named beneficiary(ies).

Your signature must be
notarized by a notary public
or witnessed by a
CalPERS representative.

Your Signature

Date (mm/dd/yyyy)

Spouse's or Registered Domestic Partner's Consent

I hereby voluntarily and irrevocably consent to each of the beneficiary designation(s) by my spouse/registered domestic partner in this application. I acknowledge and understand that I am not obligated to consent and, if I do consent, and my spouse or registered domestic partner dies before me and has named a beneficiary other than me, some or all of the following benefits will be paid to a beneficiary other than me in accordance with the beneficiary designation(s):

- The monthly option benefit that continues following a member's death;
- The return of any remaining member contributions; and/or
- The Retired Death Benefit.

I understand that I may have community property or other rights in these benefits, and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable), and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

Your spouse or registered
domestic partner should
sign this consent if he or
she consents to each of your
beneficiary designations
after reviewing this section.
His or her signature must be
notarized or witnessed by a
CalPERS representative.

Your Spouse's or Domestic Partner's Signature

Date (mm/dd/yyyy)

Section 14

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

Signatures and Notary or Witness Acknowledgment

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 change my elected retirement payment option or lifetime beneficiary(ies) I must notify CalPERS within 30 days of the issuance of my first retirement benefit check.** By signing below, I authorize the California Employment Development Department (EDD) to release my annual earnings information to CalPERS in accordance with Government Code (GC) section 20231 to verify my post-disability retirement earnings for compliance with GC sections 21232 and 21432. You may opt out of this authorization by initialing here _____. By initialing here I opt out of EDD authorization and acknowledge that I must provide annual earnings information as requested by CalPERS including federal and state tax returns, W-2s, and 1099s. Failure to provide the requested information may result in the suspension of benefits.

Are you legally married or do you have a state-recognized registered domestic partner? ☐ Yes ☐ No

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

If you answered yes above, your spouse or registered domestic partner must sign this application unless you have elected 100 Percent Beneficiary Option 2 or 100 Percent Beneficiary Option 2 with Benefit Allowance Increase as your retirement payment option, **and** you designated your spouse or registered domestic partner as the beneficiary, **and** you designated him or her as the sole primary beneficiary of any lump-sum benefits. Otherwise, you must complete and submit the **Justification for Absence of Spouse's or Registered Domestic Partner's Signature** form.

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.

Your Signature

Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature

Date (mm/dd/yyyy)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____ On _____ before me,
Date
_____, personally appeared _____,
Name of Notary/Witness

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)

Mail to:

CalPERS Retirement Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



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

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

Section 1

Member Information

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Pursuant to Government Code section 21261, an election of optional settlement, designation of beneficiary, or change in beneficiary shall contain the signature of the current spouse or registered domestic partner unless the retirement payment option provides him or her 100 percent of the member's monthly allowance and he or she was also named as the sole beneficiary for any lump-sum benefits.

If a spouse's or registered domestic partner's signature is required and he or she is unable to sign the retirement application or beneficiary designation form, the following information must be completed by the member.

- ☐ By checking this box, I indicate that I am married or have a registered domestic partner, but my spouse or registered domestic partner did not sign this form because:
- ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **or**
 - ☐ My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgment; **or**
 - ☐ My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition; **or**
 - ☐ My spouse or registered domestic partner has no identifiable community property interest in the benefit; **or**
 - ☐ My spouse or registered domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

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 Retirement Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

This page intentionally left blank



Authorization to Disclose Protected Health Information

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545

Section 1

Member Information

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Section 2

Purpose of Authorization

The purpose for this authorization is to determine a physical or mental condition, illness, or disability and the right, if any, to retirement, reinstatement, or other benefits under the Public Employees' Retirement Law (PERL) (Government Code sections 20000, et seq.) and the Public Employees' Medical and Hospital Act (PEMHCA) (Government Code sections 599.500, et seq.).

I, _____ (Name of Member or Authorized Representative), hereby authorize _____ (Name of Health Care Provider/Facility or Physician) to disclose protected health information to the California Public Employees' Retirement System (CalPERS) or its representative relating to _____ (Name of Member or Disabled Dependent).

This authorization applies to any and all health and/or medical related information, including the following:

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 condition.

Treatment records from mental health departments, alcohol/drug departments, or HIV antibody tests are specifically protected. I authorize the release of the following by my initials and signature:

_____ Mental health department records

_____ Alcohol/drug dependency treatment records

_____ HIV antibody test results

Signature of Member or Authorized Representative

Date (mm/dd/yyyy)

Dates of service for which I am authorizing release of information: From _____ to the present.
(mm/dd/yyyy)

Expiration of Authorization:

Unless canceled 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.

Section 3

Acknowledgment and Signature

I acknowledge and understand the following:

- I authorize the use and/or disclosure of the individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary.
- I have the right to receive a copy of this authorization.
- I have the right to revoke this authorization at any time by sending a signed notice to CalPERS at the address below. The authorization will cease on the date my valid revocation release is received.
- This authorization may not be revoked if CalPERS has acted in reliance thereon, or the authorization was obtained as a condition of obtaining insurance coverage.
- Under California law, the recipient of my medical information is prohibited from re-disclosing the information, except with a written authorization or as specifically required or permitted by law.
- My treatment, payment, enrollment, or eligibility for benefits will continue to be subject to current policies and regulations if I do not sign this authorization.
- If the organization or person I have authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

Signature of Member or Authorized Representative*

Date (mm/dd/yyyy)

*If this is a request from the Authorized Representative, please attach the member's written authorization or a copy of the applicable Power of Attorney or conservatorship document(s) when returning the form.

Employer Information for Disability Retirement

Section 1

Member Information

To member:
Complete Sections 1
and 2 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.

To employer:
Complete Section 3 and
use this form as a cover
sheet to submit requested
documents to CalPERS.

As soon as possible, please send CalPERS the following documents: **job duty statement/job description** for the position I held, **accident reports, medical reports, and personnel records**. These documents must be identified with my name and Social Security number or CalPERS ID. 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

**Send 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)
------------------------------	----------------------------

This form continues on page 2.

Section 3

Employer Certification

Pursuant to Government Code section 21156, a disability retirement must not be used as a substitute for the disciplinary process. I hereby certify (check all that apply):

- ☐ The member has an adverse action pending against them.
- ☐ The member was terminated for cause.
- ☐ The member resigned/service retired in lieu of termination.
- ☐ The member signed an agreement to waive their reinstatement rights (i.e., Employment Reinstatement Waiver).
- ☐ The member is being investigated for or has been convicted of a work-related felony.
- ☐ None of the above apply to this member.

Signature of Employer Representative

Date (mm/dd/yyyy)

Print Employer Representative Name

()
Phone Number

Position Title of Employer Representative

Mail to:

CalPERS Disability & Survivor Benefits Division • P.O. Box 2796, Sacramento, California 95812-2796

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545

Physical Requirements of Position/Occupational Title

This form must be completed by your employer based on the **usual job duties** of your position.
Both you and your employer must sign this form. We advise you sign this form together.

Section 1

Member Information

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Position/Occupational Title

Name of Employer

Section 2

Usual Job Duties of Position

Employer: You must be familiar with the member's position as it is usually performed.

Usual hours worked per day: _____

Has the member been through the reasonable accommodation process? ☐ Yes ☐ No

If yes, provide CalPERS with the documentation/reasonable accommodation form.

Indicate with one check mark (✓) per activity the duration of each activity required to carry out the member's usual job duties.

Activity	Never/Rarely < 5 min.	Infrequently 5-30 min.	Occasionally 31 min.-2.5 hrs.	Frequently 2.5-5.0 hrs.	Constantly > 5 hrs.
Interacting/communicating:					
Face-to-face with public					
By phone with public					
With inmates, patients, or clients					
With co-workers					
Supervising staff					
Lifting/Carrying:					
0-10 lbs.					
11-25 lbs.					
26-50 lbs.					
50+ lbs.					
Sitting					
Standing					
Walking					
Running					
Crawling					
Kneeling					
Climbing					
Squatting					
Bending (neck)					
Bending (waist)					
Twisting (neck)					
Twisting (waist)					
Reaching (above shoulder)					
Reaching (below shoulder)					

The total of these activities should not exceed the usual hours worked per day.

Continued on page 2.

Your Name

Social Security Number or CalPERS ID

Section 2 (continued)

Employer: If there is not enough space to enter all the additional requirements, attach a separate sheet. Be sure to clearly write the member's name and Social Security number or CalPERS ID on each attachment.

Usual Job Duties of Position, continued

Activity	Never/Rarely < 5 min.	Infrequently 5-30 min.	Occasionally 31 min.-2.5 hrs.	Frequently 2.5-5.0 hrs.	Constantly > 5 hrs.
Pushing and pulling					
Power grasping					
Handling (holding, light grasping)					
Fine fingering (pinching, picking)					
Computer use (keyboard, mouse)					
Walking on uneven ground					
Driving					
Operating hazardous machinery					
Exposure to excessive noise					
Exposure to extreme temperature					
Exposure to dust, gas, fumes, or chemicals					
Working at heights					

Section 3

Signature of Employer

Once you have completed and signed this form, please have the member sign Section 4.

You must send the original to CalPERS.

Signature of Employer Representative

Date (mm/dd/yyyy)

Print Employer Representative Name

Phone Number

Position Title of Employer Representative

Section 4

Signature of Member

You must provide this form and your job duty statement to your medical specialist for review.

Once you have signed this section, your employer must provide you with a copy.

If you do not agree with your employer's assessment, please provide your comments below. If needed, you may complete a new form, which you can find at www.calpers.ca.gov.

Signature of Member

Phone Number

Date (mm/dd/yyyy)

Mail to:

CalPERS Disability & Survivor Benefits Division • P.O. Box 2796, Sacramento, California 95812-2796

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: 800-959-6545



Report of Separation and Advance Payroll Information

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

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

Section 1

Your cooperation in immediately providing an advance estimate of the requested information is critical for us to make accurate payment at the earliest possible date.

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

Last day on pay status will be upon expiration of accrued sick leave or compensated time off.

A **termination date** is the date an employee is terminated from CalPERS-covered employment "for cause"; use only when applicable.

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

Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer

Date (mm/dd/yyyy)

Print Payroll Officer Name

Phone Number

Title

Mail to:

CalPERS Retirement Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

This page intentionally left blank

Physician's Report on Disability

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.

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

Section 1

Member Information

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.

Date of First Visit (mm/dd/yyyy)

Date of Last Examination (mm/dd/yyyy)

Patient and Member are the same person.

Date Present Illness/Injury Occurred (mm/dd/yyyy)

Date Member Unable to Perform Job Duties (mm/dd/yyyy)

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

Height

Weight

Blood Pressure

Section 4

Diagnosis

Include with this form copies of the member's medical records and referenced diagnostic test reports.

Diagnosis 1

Objective Examination Findings 1

Diagnostic Test – Dates and Findings

Restrictions/Limitations, if so specify.

Diagnosis 2

Objective Examination Findings 2

Diagnostic Test – Dates and Findings

Restrictions/Limitations, if so specify.

Comments

Section 5

Review the attached duty
statement and physical
requirements of the
member's position prior to
answering these questions.

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 will 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 at least 12 consecutive 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.

6. Are you sending copies of the member's medical records and referenced diagnostic test reports along with this form to support your opinion? ☐ Yes ☐ No

Failure to provide these documents will delay processing.

Section 6

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

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 to:

CalPERS Disability & Survivor Benefits Division • P.O. Box 2796, Sacramento, California 95812-2796
888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545

Workers' Compensation Carrier Request

Section 1

You must complete the front side of this form, sign, date and forward to your workers' compensation insurance carrier.

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.

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Employer Name		
Claim Number 1	Date (mm/dd/yyyy)	Body Part(s)
Claim Number 2	Date (mm/dd/yyyy)	Body Part(s)
Claim Number 3	Date (mm/dd/yyyy)	Body Part(s)
Claim Number 4	Date (mm/dd/yyyy)	Body Part(s)

Section 2

Send this form directly to your workers' compensation insurance carrier. They will complete the reverse side of this form and send the requested information to CalPERS.

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 section 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.

Signature of Member	Date (mm/dd/yyyy)
---------------------	-------------------

This form continues on the back.

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name

Social Security Number or CalPERS ID

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.

To Be Completed By Workers' Compensation Insurance Carrier

Claim Number 1

WCAB Number

Date of Injury (mm/dd/yyyy)

Body Part(s)

☐ No ☐ Yes

Liability Accepted

☐ No ☐ Yes

Condition P&S

Claim Number 2

WCAB Number

Date of Injury (mm/dd/yyyy)

Body Part(s)

☐ No ☐ Yes

Liability Accepted

☐ No ☐ Yes

Condition P&S

Claim Number 3

WCAB Number

Date of Injury (mm/dd/yyyy)

Body Part(s)

☐ No ☐ Yes

Liability Accepted

☐ No ☐ Yes

Condition P&S

Claim Number 4

WCAB Number

Date of Injury (mm/dd/yyyy)

Body Part(s)

☐ No ☐ Yes

Liability Accepted

☐ No ☐ Yes

Condition P&S

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 Disability & Survivor Benefits Division • P.O. Box 2796, Sacramento, California 95812-2796

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: 800-959-6545

**California Public Employees'
Retirement System**
400 Q Street
P.O. Box 942701
Sacramento, California 94229-2701
888 CalPERS (or **888-225-7377**)
www.calpers.ca.gov

PUB 35
March 2025

2025.3.1

