



A Guide to Completing Your CalPERS

Disability Retirement Election Application

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INTRODUCTION

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

If you think you may be eligible to purchase service credit, review the publication *A Guide to Your CalPERS Service Credit Purchase Options* (PUB 12) and complete the appropriate forms. **You must submit your request to purchase service credit before your retirement date.**

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

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

If you’re eligible to receive Social Security benefits and worked for an employer that didn’t withhold Social Security taxes, the Windfall Elimination Provision and Government Pension Offset can reduce your Social Security benefits. To learn more about these offsets please call the Social Security Administration at (800) 772-1213 or visit their website at www.ssa.gov.

As a result of California Assembly Bill 2404 (Cooley), also known as Retirement Option Simplification, for members retiring on or after January 1, 2018, the retirement payment options have been consolidated and renamed to make the choices easier to understand.

The application form in this publication is for members retiring on or after January 1, 2018.

If you plan to retire December 31, 2017, or earlier, do not complete the application form in this publication. Call us toll free at 888 CalPERS (or 888-225-7377) and we will mail you an application.

For more information about your retirement benefits, visit www.calpers.ca.gov. If CalPERS does not receive all required information, you may experience a delay in the processing of your application or your application may be canceled.

BEFORE YOU START

Note: These instructions do not apply to local safety members. If you are a local safety member, see page 7.

Your Responsibility: Know What You Need to Do

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

Application Process Overview



DISABILITY RETIREMENT AND INDUSTRIAL DISABILITY RETIREMENT

If you have a disabling injury or illness that prevents you from performing your usual job duties with your current employer for a permanent or extended duration (one that is expected to last for at least 12 consecutive months or 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
- Within four months of separation from CalPERS-covered employment; or
- At any time, if you “separated” from or left your job because of a disability and you have remained disabled since then; or
- While on military or approved leave.

Eligibility Requirements for Disability Retirement

There is no minimum age requirement for disability retirement. The cause of your disability does not need to be related to your employment. If you retire, you will receive a monthly retirement payment for the rest of your life, or until you recover from your 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 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 shown below. If you are not sure of your membership classification, check with your personnel office.

Membership Categories

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

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

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

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

CHP Enhanced Benefit

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

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

Local Safety Member Determinations

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

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

If it is determined that you are not disabled, you may appeal the decision to the local authority that made the determination—not CalPERS.

SERVICE RETIREMENT PENDING DISABILITY OR INDUSTRIAL DISABILITY RETIREMENT

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

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

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

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

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

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.

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.

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

Your final compensation is the highest average pay rate and special compensation during any consecutive one-year or three-year period. Which compensation period we use depends on your membership date and your employer's agreement with CalPERS. If you are not sure, ask your personnel office. We use your full-time pay rate, not your earnings. If you work part time, we will use your full-time equivalent pay rate to determine your final compensation.

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

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

EMERGENCY DISABILITY RETIREMENT

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

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

FIGURING YOUR DISABILITY OR INDUSTRIAL DISABILITY ALLOWANCE

Figuring Your Disability Allowance

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

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

State First Tier

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

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

..... 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

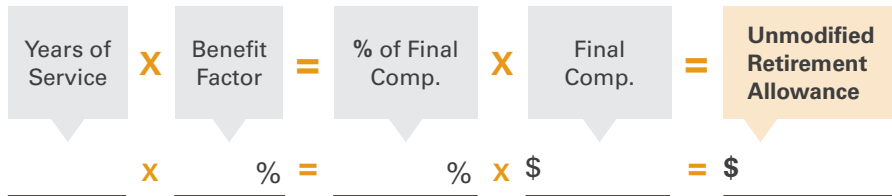
If you have between 10 and 29.629 years of service credit, add to that figure the number of years until you will be age 65 and multiply the total by 1.125 percent. The maximum percentage allowable is 33.333 percent.

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

..... 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.

Figuring Your Disability Allowance



Local Public Agency

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

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

..... 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 percent for each additional year, to a maximum of 50 percent. If you are *under 60*, your Unmodified Allowance cannot be more than a service retirement at age 60.

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

Figuring Your Industrial Disability Allowance

Safety members who retire on or after January 1, 2013, for industrial disability will receive a disability retirement benefit equal to the greater of the following:

- 50 percent of your highest consecutive 12-month or 36-month average monthly salary. An additional annuity may be paid if you have contributions associated to non-safety service.
- A service retirement allowance, if qualified for service retirement.
- If under age 50, an actuarially reduced benefit factor (determined by your retirement formula and how many quarter years you are under age 50) multiplied by the number of years of service credit.

GUIDE TO COMPLETING YOUR APPLICATION PACKAGE

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

Retirement Allowance Estimate Request

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

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

Medical Records

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

Disability Retirement Election Application

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

Application Type

Select the appropriate retirement type. **Note:** If you qualify for a service retirement, you can apply for service retirement pending disability or industrial retirement by checking the appropriate box on the form.

Section 1 – Information About You

- Provide your full name as it appears on your Social Security card. If you have changed your name, you must provide CalPERS with a photocopy of the document validating the change (e.g., marriage certificate, court order). Additionally, the IRS requires us to obtain a photocopy of your Social Security card showing your name change before we can stop using your former name.

For CalPERS to review your application, you must submit a complete application package.

Retirement Forms

Forms can be found starting on page 33.

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.

If you are employed in more than one position under CalPERS, even if the other position is considered as overtime and not reportable to CalPERS, you must separate from all employment to retire.

- Provide your Social Security number or CalPERS ID.
- Provide your mailing address. We need your home address or P.O. box number, including city, state, ZIP code, and country. Your monthly retirement check and annual tax statement will be mailed to this address.
- Provide your birth date (month, day, and year) and gender.
- Provide your daytime and alternate phone numbers (include area codes).
- Provide your email address. By providing your email address, you are agreeing to receive occasional CalPERS email notifications.

Section 2 – Information About Your Retirement

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

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

Other California Public Retirement Systems

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

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

Submit your medical records to the retirement system under which you were last employed. For more information, review the publication *When You Change Retirement Systems* (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.

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

Section 4 – Treating Physician Detail

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

Section 5 – Select Your Retirement Payment Option

This section should not be filled out by your employer.

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.

Unmodified Allowance

For You	For Your Beneficiary
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.

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.

Return of Remaining Contributions Option 1

For You	For Your Beneficiary
<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.
<p>It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues. If you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.</p>	

100 Percent Beneficiary Option 2 with Benefit Allowance Increase

For You	For Your Beneficiary
<ul style="list-style-type: none"> • Can name only one beneficiary. • If your beneficiary dies before you, or you have another qualifying event, such as a change in marital status, your benefit will increase to the Unmodified Allowance. 	<p>Provides 100 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.</p>

100 Percent Beneficiary Option 2

For You	For Your Beneficiary
<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 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.
<p>It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues. If you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.</p>	

50 Percent Beneficiary Option 3 with Benefit Allowance Increase

For You	For Your Beneficiary
<ul style="list-style-type: none"> • Can name only one beneficiary. • If your beneficiary dies before you, or you have another qualifying event, such as a change in marital status, your benefit will increase to the Unmodified Allowance. 	<p>Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.</p>

50 Percent Beneficiary Option 3

For You	For Your Beneficiary
<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 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.

It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues. If you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

Flexible Beneficiary Option 4

For You	For Your Beneficiary
<ul style="list-style-type: none"> • Can name one or more beneficiaries. • Can specify a specific dollar or percentage be paid to each beneficiary. 	<p>Provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your Unmodified Allowance to one or more named beneficiaries upon your death.</p>

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.

**Court-Ordered Community Property Option 4 /
Unmodified Allowance**

For You	For Your Beneficiary
<p>For your remaining share, provides you the highest monthly allowance paid for your lifetime.</p>	<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**

For You	For Your Beneficiary
<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.

It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues. If you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

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

For You	For Your Beneficiary
<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 Unmodified Allowance to one or more named beneficiaries upon your death.

**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 25.

**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 25.

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, gender, relationship to you, priority (**primary** or **secondary**), and address of the beneficiary you designate to receive any lump-sum balance of your remaining member contributions after your death.

Your beneficiary can be:

- Any person regardless of their relationship to you. You cannot designate a guardian to receive benefits for another person.
- A class of next-of-kin as a group. For example, you can list your “grandchildren” or “siblings” instead of writing out individual names.
- A corporation that is registered in any state with the Secretary of State.
- Your estate. CalPERS can only pay to your estate if it is probated.
- Your trust. Provide the title and date of your trust, and the name and address of the person who has a copy of the document. Do not name the trustee.

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

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

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

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 percent.

Section 7 – Retired Death Benefit – Beneficiary Designation

This section should not be filled out by your employer.

The lump-sum Retired Death Benefit is payable upon your death, in addition to any payment under the option you select. You can select anyone you wish to receive this benefit. The amount payable is based on your employer's agreement with CalPERS.

- For state, California State University, or University of California members, the Retired Death Benefit is \$2,000.
- For school members, it is \$2,000, unless your employer has elected a higher amount up to \$5,000.
- For public agency members, the Retired Death Benefit is based on the employer's agreement, and it can range from \$500 to \$5,000.

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

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

Section 8 – Survivor Continuance Information

This section should not be filled out by your employer.

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

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

Eligible survivors are:

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

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

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.

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

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

The amount of the monthly benefit depends on your Social Security coverage. If your service credit is **not covered** by Social Security, the Survivor Continuance is 50 percent of your Unmodified Allowance, based on actual service with an employer that provides this benefit. If your service credit is **covered** by Social Security, the Survivor Continuance is 25 percent of the Unmodified Allowance.

Section 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.

Section 10 – Tax Withholding Election

This section should not be filled out by your employer.

This section tells CalPERS how you want to handle your income tax withholding. For help in making this decision, 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.
- If you do not make an election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you were married with three allowances. If you reside outside of California, your CalPERS pension income is not subject to California state income tax.

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 married with three allowances.

Section 11 – Direct Deposit Information

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

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

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

You can establish and maintain your direct deposit online through myCalPERS at my.calpers.ca.gov. 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*.

Section 13 – Member Signature and Notary

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 a retirement benefit option. If you are not able to obtain your spouse's or registered domestic partner's signature, you must complete the *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form and submit it to CalPERS before any retirement benefits can be paid.

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

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.

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

Section 14 – Employer-Originated Application

If your employer is submitting the application, an authorized employer representative must complete, sign, and date this section. Employers should not complete Sections 5 a, 6a to 6c, or 10.

- Indicate if the employee is working. If yes, indicate whether full time or part time.
- The authorized employer representative must sign and print name where indicated.
- Provide the position title and phone number of the authorized employer representative.
- Provide the date the application is signed.

Authorization to Disclose Protected Health Information

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

Employer Information for Disability Retirement

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

Job Duty Statement/Job Description

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

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

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, 3, and 4 of the form and then submit it to CalPERS.

Physician's Report on Disability

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

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

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

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 not required to submit the following forms:

- Physical Requirements of Position/Occupational Title
- Physician's Report on Disability
- Workers' Compensation Carrier Request

SUPPORTING DOCUMENTS

Birth Date Evidence

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

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

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.

Send Photocopies, Not Original Documents

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

OTHER CONSIDERATIONS

Workers' Compensation

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

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

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.

Injury Caused by a Third Party (Subrogation)

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

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

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

Independent Medical Examinations

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

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

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

Canceling Your Application

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

CalPERS can cancel your application for any of the following reasons:

- If you fail to provide the information or forms needed to make a determination on your disability retirement; or
- If you fail or refuse to attend an Independent Medical Examination (IME) appointment when requested; or
- If you do not meet the eligibility requirements for disability or industrial disability retirement.

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

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 *CalPERS Special Power of Attorney* (PUB 30).

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.

Divorce or Termination of Domestic Partnership

If you have a community property claim on your retirement account, 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.

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.

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.

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, CalPERS will send you a First Payment Acknowledgment letter informing you of the date of your first retirement check, the amount you can expect to receive, and important income tax information.

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

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

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.

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.

Service Credit Payments

If service credit payments are being deducted from your payroll check, deductions from your retirement check will be set up automatically on an after-tax basis. The first service credit payment deduction is taken approximately two months after you begin receiving your retirement check.

Authorized Deduction Payments

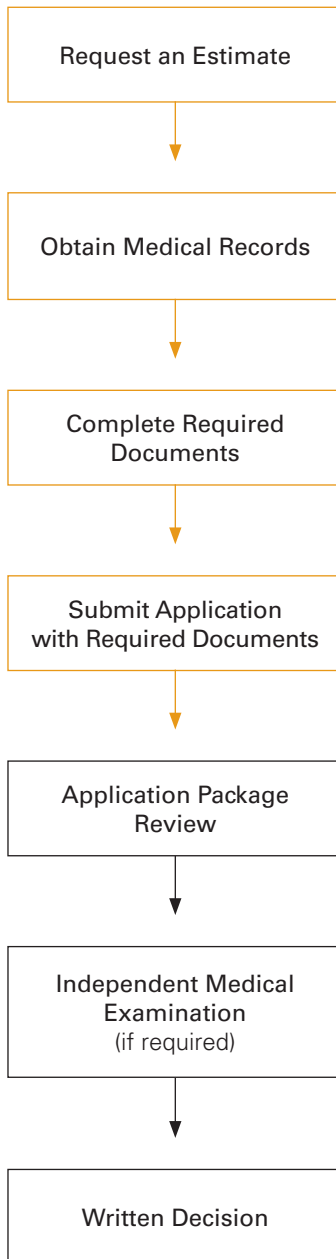
Many types of payments can be deducted from your monthly retirement check, such as credit union shares or payments, retiree association fees, charitable contributions, etc. To make sure all your current deductions continue after you retire or add new deductions, you must contact the provider and complete 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 tear out each form so you can follow the step-by-step instructions described in the “Guide to Completing Your Application Package” section of this publication.

CalPERS Disability Retirement Application Process



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 Information* form
- CalPERS Special Power of Attorney* form (optional)

Step 4 – Request information from your employer:

- Employer Information for Disability Retirement* form
- Copy of your Job Duty Statement/Job Description
- Physical Requirements of Position/Occupational Title* form (complete jointly with your employer)
- Report of Separation and Advance Payroll Information* form

Step 5 – Request information from your physician:

- Physician’s Report on Disability* form
 - Attach the following documents for your physician to review:
 - *Physical Requirements of Position/Occupational Title* form
 - Job Duty Statement/Job Description
- Medical records to support the *Physician’s Report on Disability* form

Step 6 – Request information from your workers’ compensation carrier:

- Workers’ Compensation Carrier Request* form (if you have a work-related illness or injury)

Failure to provide the above information to CalPERS may result in a cancellation of your disability retirement application.

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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

Contact your personnel office to see if you are eligible for industrial disability retirement.

Your Retirement Information

I want an estimate for: Service Retirement Disability Retirement Industrial Disability Retirement

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

Employer Position Title

If you want to include your unused sick leave and/or educational leave on your retirement estimate, complete the information below.

Sick Leave Hours Educational Leave Hours

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 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.
(59½ 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 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 - We will only include this in your retirement estimate if your employer contracts to provide this 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 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, such as a change in marital status, your benefit will increase to the Unmodified Allowance.
- **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.
- **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, such as a change in marital status, 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.
- **Flexible Beneficiary Option 4** - Provides an ongoing monthly benefit of a specific dollar amount or percentage of your Unmodified Allowance 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 *When You Change Retirement Systems* publication 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 *Temporary Annuity* publication for detailed information.



Disability Retirement Election Application

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

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

Employer Information

Check if this is an employer-originated application.

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

Application Type

Disability Retirement

Industrial Disability Retirement

Service Pending Disability Retirement

Service Pending Industrial Disability Retirement

Section 1

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

Information About You

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

Address

City | State | ZIP | Country

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

Email Address

Section 2

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

Information About Your Retirement

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

Employer Full Name | Full Position Title

Other California Public Retirement Systems

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

Name of Reciprocal System

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

Section 3

Disability Information

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

What is your specific disability? _____

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

How did the disability occur? _____

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

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

Are you currently working in any capacity? No Yes

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

Job duties: _____

Other information you would like to provide: _____

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

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

Section 4

Treating Physician Detail

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

First Name | Last Name | Your Medical Record Number

Address

City | State | ZIP | Country

Specialty | Secondary Specialty | Phone Number ()

Your Name	Social Security Number or CalPERS ID
-----------	--------------------------------------

Section 5

Select Your Retirement Payment Option

Choose one of the following retirement payment options.

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

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

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

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

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

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

Section 6a

Complete Your Beneficiary Information – Ongoing Monthly Benefit

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

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

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

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

Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You
-------------------------	--	---------------------

Address

City	State	ZIP	Country
------	-------	-----	---------

Your Name	Social Security Number or CalPERS ID
-----------	--------------------------------------

Section 6b

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

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.

Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

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

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

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	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)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	\$ Dollar Amount	% Percent of Benefit
-------------------------	---	---------------------	------------------	----------------------

Address

City	State	ZIP	Country
------	-------	-----	---------

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

Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	\$ Dollar Amount	% Percent of Benefit
-------------------------	---	---------------------	------------------	----------------------

Address

City	State	ZIP	Country
------	-------	-----	---------

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

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

Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	\$ Dollar Amount	% Percent of Benefit
-------------------------	---	---------------------	------------------	----------------------

Address

City	State	ZIP	Country
------	-------	-----	---------

Your Name | Social Security Number or CalPERS ID

Section 6c

Complete Your Beneficiary Information – Return of Remaining Contributions

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

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

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

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

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

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

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

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

Your Name | Social Security Number or CalPERS ID

Section 7

Retired Death Benefit – Beneficiary Designation

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

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

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

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

Address
City | State | ZIP | Country

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

Address
City | State | ZIP | Country

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

Address
City | State | ZIP | Country

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

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

Address
City | State | ZIP | Country

Your Name Social Security Number or CalPERS ID

Section 8

Survivor Continuance Information

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

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

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

Address

City State ZIP Country

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

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

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

Address

City State ZIP Country

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

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

Address

City State ZIP Country

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

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

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

Address

City State ZIP Country

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

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

Address

City State ZIP Country

Your Name | Social Security Number or CalPERS ID

Section 8, continued

Survivor Continuance Information, continued

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

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

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

Address

City | State | ZIP | Country

Section 9

Workers' Compensation Detail

Do you have any workers' compensation claims? Yes No

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

Workers' Compensation Carrier

Adjuster: First Name | Last Name

() | () | Phone Number | Fax | Email

Address of Workers' Compensation Claim Carrier

City | State | ZIP

Section 10

Tax Withholding Election

Please choose one only.

Federal Income Tax information:

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

Please choose one only.

State Income Tax information:

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

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

Your Name _____ Social Security Number or CalPERS ID _____

Section 11

Direct Deposit Information

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

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

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

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

Routing Number (nine digits) _____ Account Number _____

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

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

Name of Financial Institution () Branch Phone Number

Address

City State ZIP

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

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

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

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

Information About Joint Account Holder, if applicable

Name Social Security Number or CalPERS ID

Address () Daytime Phone

City State ZIP

Section 12

CalPERS Health Coverage

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

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

I decline continuation of my CalPERS health coverage into retirement.

Section 13

Member Signature and Notary

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

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

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

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

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

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

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

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

Your Signature | Date (mm/dd/yyyy)

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

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

State of California, County of _____

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

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under **Penalty of Perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

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

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

Print Name | CalPERS Office (if applicable)

Your Name

Social Security Number or CalPERS ID

Section 14

Employer-Originated Application

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

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

Signature of Employer

Print Name of Employer

Position Title of Employer

()

Phone Number

Date (mm/dd/yyyy)

Mail to:

CalPERS 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

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

Member Information

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

Social Security Number or CalPERS ID

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

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

Select either 1 or 2 and indicate specifics:

1. By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
 - Never married or never in registered domestic partnership.
 - Divorced/marriage annulled or registered domestic partnership terminated. _____
Date (mm/dd/yyyy)
 - Widowed. _____
Date (mm/dd/yyyy)

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

Section 2

Information Certification

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

Signature of Member

Date (mm/dd/yyyy)

Mail to:

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

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Authorization to Disclose Protected Health Information

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

Section 1

Member Information

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

Address		
_____	_____	_____
City	State	ZIP

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

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

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

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

Section 2

Authorization to Release Information

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

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

Mail to:

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

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Employer Information for Disability Retirement

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

Section 1

Member Information

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

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Position/Occupational Title		Name of Employer/Agency

I have submitted an application for disability retirement with the California Public Employees' Retirement System (CalPERS). I am submitting this letter to you (my employer) on behalf of CalPERS. CalPERS is seeking information to substantiate my disability.

To Employer:
Use this form as a
cover sheet for
the employee's job
description and other
documents you
submit to CalPERS.

As soon as possible, please send CalPERS the job duty statement/job description for the position I held. Please include a copy of all accident reports, medical reports, and personnel actions filed within the past five years. These documents must be identified with my name and Social Security number. If you have additional comments, please submit them.

CalPERS requires the physical requirements of my position/occupational title. I will be contacting you so we can complete the Physical Requirements of Position/Occupational Title form for my position. At that time, a copy of my job duty statement/job description that you send to CalPERS must be provided to me. Both the job duty statement/job description and the Physical Requirements of Position/Occupational Title form will be presented to my physician/medical specialist to assist in the evaluation of my disability retirement.

When the CalPERS determination of disability is completed, they will inform you. When you are notified of their determination, you will have the right to appeal the approval/denial of the application for disability retirement for the medical condition stated, in accordance with Section 555.3, Title II, California Code of Regulations by filing a written request with CalPERS within 30 days of the mailing of the determination letter. An appeal, if filed, should set forth the factual basis and legal authorities for such appeal.

Under the law, if a person (other than my employer) caused an injury that results in certain CalPERS benefits being paid, CalPERS has the right to recover from the responsible party up to one-half of the total retirement benefit costs payable. This right is known as a "right of subrogation" (Government Code Section 20250, et seq.).

Please advise CalPERS if you are aware of any claim (other than a workers' compensation claim) against any person or entity for the same injuries that also entitle me to a disability retirement from CalPERS.

Section 2

Authorization to Release Information

**Mail signed authorization
to your employer,
not CalPERS.**

The purpose of this authorization is to assist CalPERS in determining my right to retirement or reinstatement under the Retirement Law, pursuant to Government Code Section 20128, and for no other purpose. This authorization will be valid for four years from the date shown below. A photocopy of this authorization shall be as valid as the original.

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

Mail to:

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

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Physical Requirements of Position/Occupational Title

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

Section 1

Member Information

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

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Position/Occupational Title		Name of Employer	
Worksite Street Address			
City	State	ZIP	

Section 2

Physical Requirements Information

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

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

Continued on page 2.

Section 2 (continued)

Physical Requirements, continued

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

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

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

Section 3

Signature of Employer and Member

This form must be completed and signed by you and your employer and sent to a medical specialist along with other documentation.

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

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

The medical specialist must be the treating physician specializing in your disabling condition.

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

Signature of Employer Representative

Date (mm/dd/yyyy)

Title

()
Phone Number

CalPERS Business Partner ID

Signature of Member

()
Phone Number

Date (mm/dd/yyyy)

Mail to:

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



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

Employing Agency and Member Information

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.

Name of Employing Agency

This member has applied for disability retirement.

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

Social Security Number or CalPERS ID

Requested Retirement Date (mm/dd/yyyy)

Section 2

Effective Separation or Termination Dates

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

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

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

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

Section 3

Unused Sick Leave at Time of Separation

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

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

Section 4

Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer

Title

Date (mm/dd/yyyy)

Phone Number

Mail to:

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

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Physician's Report on Disability

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

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

Section 1

Member Information

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

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

Section 2

Member History

Please provide history of patient's illness/injury.

Patient and Member are the same person.

Date of First Visit (mm/dd/yyyy)	Date of Last Examination (mm/dd/yyyy)
Date Present Illness/Injury Occurred (mm/dd/yyyy)	Date Member Unable to Perform Job Duties (mm/dd/yyyy)
Origin of Injury: <input type="checkbox"/> Work Related <input type="checkbox"/> 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

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

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

Diagnosis 1	Objective Examination Findings 1
Diagnosis Test – Dates and Findings	Restrictions/Limitations, if so specify.
Diagnosis 2	Objective Examination Findings 2
Diagnosis Test – Dates and Findings	Restrictions/Limitations, if so specify.

Comments

Section 5

Member Incapacity

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

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.

Four horizontal lines for describing job duties/work activities.

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

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

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

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

Section 6

Physician's Signature

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

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)

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



Workers' Compensation Carrier Request

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

Section 1

Member Information

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

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

Authorization to Release Information

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.

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

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

To Be Completed By Workers' Compensation Insurance Carrier

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.

Claim Number 1	WCAB Number	Date of Injury(mm/dd/yyyy)
Body Part(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes Liability Accepted	<input type="checkbox"/> No <input type="checkbox"/> Yes Condition P&S

Claim Number 2	WCAB Number	Date of Injury(mm/dd/yyyy)
Body Part(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes Liability Accepted	<input type="checkbox"/> No <input type="checkbox"/> Yes Condition P&S

Claim Number 3	WCAB Number	Date of Injury(mm/dd/yyyy)
Body Part(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes Liability Accepted	<input type="checkbox"/> No <input type="checkbox"/> Yes Condition P&S

Claim Number 4	WCAB Number	Date of Injury(mm/dd/yyyy)
Body Part(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes Liability Accepted	<input type="checkbox"/> No <input type="checkbox"/> 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
<input type="checkbox"/> AME <input type="checkbox"/> QME <input type="checkbox"/> Treating Physician <input type="checkbox"/> Other _____		

Name of Doctor	Specialty	Appointment Date
<input type="checkbox"/> AME <input type="checkbox"/> QME <input type="checkbox"/> Treating Physician <input type="checkbox"/> Other _____		

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

Section 4

Signature of Workers' Compensation Insurance Carrier

Signature of Workers' Compensation Representative	Date (mm/dd/yyyy)
Print Workers' Compensation Representative's Name	Phone Number

Mail to:

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

CaIPERS HEALTH BENEFITS

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

- *Health Program Guide* describes CalPERS Basic health plan eligibility, enrollment, and choices. It provides an overview of CalPERS health plan types and tells you how and when you can make changes to your plan (including what forms and documentation you will need). It also describes how life changes or changes in your employment status can affect your benefits and eligibility.
- *Health Benefit Summary* provides valuable information to help you make an informed choice about your health plan and compare benefits, covered services, and co-payment information for all CalPERS health plans.
- *CalPERS Medicare Enrollment Guide* provides information about how Medicare works with your CalPERS health benefits.

CalPERS Health Coverage

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

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

There are some exceptions for members who earn 30 years or more of state service credit and then go to work for a public agency or school.

If your family members are included in your CalPERS health plan at the time of your death, their enrollment will continue automatically if they are eligible and if they receive a monthly CalPERS allowance. For more information, call CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

If eligible and you wish for your spouse to have health insurance coverage after your death, you must:

- Be contracted to receive Survivor Continuance; or
- Elect an option that provides him or her an ongoing monthly benefit.

Important!

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

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

Once you retire, CalPERS becomes your health benefits officer. 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 my|CalPERS account at my.calpers.ca.gov.

Your Separation Date and Your Retirement Date

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

- If your separation date and your retirement date are within 30 days of each other and you are enrolled in a CalPERS health plan at the time of retirement, your coverage will continue into retirement without a break.
- If you do not want your health benefits to continue into retirement, you need to decline coverage by completing Section 12 of the retirement application.
- If your separation date and your retirement date are between 31 and 120 days of each other and you are enrolled in a CalPERS health plan at separation, your coverage will not automatically continue. You may re-enroll by either writing to CalPERS within 60 days of your retirement date and requesting re-enrollment, or waiting for the next Open Enrollment period. You can avoid having your coverage suspended between your last day of work and your retirement date by paying the full monthly premium directly to your health plan. Contact the health benefits officer where you worked and complete a *Direct Payment Authorization* form within 30 days of your last day on pay status.
- If you are not enrolled in a health plan at retirement and your retirement date is within 120 days of separation, you may enroll within 60 days of retirement, after a qualifying event, or during a future Open Enrollment period. Contact your health benefits officer if you are an active employee or CalPERS if you are retired.

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

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

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

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

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

Medicare is managed by the Centers for Medicare and Medicaid Services (CMS). The Social Security Administration (SSA) works with CMS to determine eligibility and to enroll individuals in Medicare.

Medicare consists of different parts:

- Part A (Hospital Insurance)
- Part B (Medical Insurance)
- Part C (Medicare Advantage Plans)
- Part D (Prescription Drug Coverage)

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

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

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

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

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

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.

CalPERS participates in a Medicare Part D prescription drug plan. If you are a Medicare-eligible subscriber or dependent, you are automatically enrolled into an Employer Group Waiver Plan (EGWP). If you are enrolled in a Preferred Provider Organization (PPO) Supplement to Medicare plan, you may choose to opt out of the Part D prescription drug coverage; however, you will be financially responsible for all of your prescription drug costs. If you enroll in a non-CalPERS Medicare Part D plan, you are no longer eligible to remain enrolled in a CalPERS Medicare health plan. Consequently, you and all of your covered dependents will be canceled from CalPERS health coverage.

Medicare Part D standard premiums are paid to your health carrier as part of the CalPERS health premium. As with Medicare Part B, if your income exceeds established thresholds, the SSA will assess an additional income-related monthly adjustment amount. This amount must be paid to the SSA to protect your Medicare enrollment and eligibility to remain enrolled in a CalPERS Medicare health plan. If you do not pay the additional amount, you will be disenrolled from EGWP and be financially responsible for all of your prescription drug costs.

CalPERS offers several Medicare health plans. See the *Medicare Enrollment Guide* for more detailed information, 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 Members Only)

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

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

When you retire, the state may contribute toward the cost of your dental benefits based on the date you were first hired, your bargaining unit at retirement, and your years of service. The date you were first hired

means the date you were employed with the state for the first time. If that employment did not qualify you for CalPERS membership or you withdrew contributions for that period, it is still considered your first-hired date. If you were first hired on or after July 1, 1998, you could be subject to dental vesting requirements. To determine if your bargaining unit has agreed to these requirements, contact the California Department of Human Resources (CalHR).

Vision Care (State Members Only)

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

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

Long-Term Care

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

Authorized Deduction Payments

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

TAXES AND YOUR DISABILITY RETIREMENT

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

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

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

1099-R Annual Tax Reporting Statement

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

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

Calculating the Monthly Tax-Free Portion of Your Retirement Allowance

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

CalPERS uses the Simplified Method tables in Internal Revenue Service (IRS) Publication 575 to determine the tax-free portion of your allowance. For retirements effective on or after January 1, 1998, use one of the following tables to determine the number of your lifetime payments. Divide the amount of your “Taxed Contributions” by the “Number of Lifetime Payments” to get your monthly tax-free allowance amount.

Note: If you were age 75 or over on your retirement effective date, you cannot use these tables. Instead, the IRS requires you to use the “General Rule” to determine your monthly/annual tax-free portion. Information on the “General Rule” can be found in IRS Publication 939, available on the IRS website at www.irs.gov or by calling the IRS at (800) 829-1040.

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.

Tax Withholding Election

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

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

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

AFTER RETIREMENT

Employment After Retirement

Before you seek employment after retirement, it is important to review the publication *A Guide to CalPERS Employment After Retirement* (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.

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 until you reach age 50 (age 55 for state second tier and members under the 1.5 percent at 65 formula). For public agency local safety members, your employer also has the right to such re-examination until you reach age 50.

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

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.

BECOME A MORE INFORMED MEMBER

CalPERS Website

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

my|CalPERS

Log in at my.calpers.ca.gov to access real-time details and balances of your CalPERS accounts. With my|CalPERS you can:






- View, print, and save current and past statements.
- Select mailing preferences for your statements, newsletters, and retirement checks.
- Search for medical premium rates and health plans available in your area and confirm which dependents are covered on your health plan.
- Estimate your future retirement benefit and save the estimates to view later.
- Send and receive secure messages.
- Order and download publications.
- Send account information to third parties, such as banks.
- Apply for service retirement.
- Change your beneficiary designation.
- Retirees can update contact information, set up direct deposit, and change tax withholdings.

CalPERS Education Center

Whether you're in the early stages of your career or getting ready to retire, visit the CalPERS Education Center in my|CalPERS to:

- Take online classes that help you have a better understanding of your CalPERS benefits.
- Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.
- Schedule a one-on-one appointment with a representative at your nearest CalPERS Regional Office.

Experience CalPERS Through Social Media

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

Reach Us by Phone

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

Visit Your Nearest CalPERS Regional Office

Fresno Regional Office

10 River Park Place East, Suite 230
Fresno, CA 93720

Glendale Regional Office

Glendale Plaza
655 North Central Avenue, Suite 1400
Glendale, CA 91203

Orange Regional Office

500 North State College Boulevard, Suite 750
Orange, CA 92868

Sacramento Regional Office

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

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330
San Bernardino, CA 92408

San Diego Regional Office

7676 Hazard Center Drive, Suite 350
San Diego, CA 92108

San Jose Regional Office

181 Metro Drive, Suite 520
San Jose, CA 95110

Walnut Creek Regional Office

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

Visit the CalPERS website for directions to your local office.

Regional Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.

Important Information for Regional Office Visits

Prior to your office visit, please be sure to complete the following important steps:

- Complete **all forms** in the application publication to the best of your ability.
- Review the estimate of retirement benefits and bring the estimate with you to your appointment.
- Bring your picture identification.
- Your spouse or legal partner must also attend the appointment and bring his/her picture identification.
- If applicable, bring copies of your marriage or domestic partner certificate.
- Bring a copy of your beneficiary's birth certificate.
- Write down any questions you have in advance.

What We Can Do

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

What We Cannot Do During Your Visit

- Conduct detailed research on your account.
- Resolve complex account issues or discrepancies.
- Provide immediate retirement estimate results.

PRIVACY NOTICE

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

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status. Please do not include information that is not requested.

Social Security Numbers

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

Social Security numbers are used for the following purposes:

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

Information Disclosure

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

Your Rights

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

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

California Public Employees' Retirement System

400 O Street
P.O. Box 942701
Sacramento, CA 94229-2701

888 CalPERS (or 888-225-7377)

www.calpers.ca.gov

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