

## Employer Originated Disability Allowance Estimate Request

This is not an application for retirement. This is to be used by the **State employer** only when the employer will be generating a disability application on behalf of the member. This is a request for an estimate of potential future retirement benefit amounts to determine the amount of Temporary Disability Allowance. See the back of this form for instructions.

### Section 1: Information About the Member

We will mail the estimate to the employer's address you provide on the form.

Member's Name – First Name, Middle Initial, Last Name		Member's Social Security or CalPERS ID
Member's Birth Date – mm/dd/yyyy	Employer Work Phone	Employer Fax Number
Employer Address		
City	State	ZIP

### Section 2: Retirement Information

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

Type of estimate: ☐ Disability Retirement ☐ Industrial Disability Retirement

Member's Last Day on Pay Required – mm/dd/yyyy

Will the member be married or in a registered domestic partnership as of the effective disability retirement date?

☐ Yes ☐ No

Does the member have any unmarried children who are under age 18 or disabled or any unmarried children who were disabled prior to their 18<sup>th</sup> birthday and who are still disabled? ☐ Yes ☐ No

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

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

Name of Beneficiary	Relationship to Member	Birth Date mm/dd/yyyy
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☐ 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: Advanced Estimate Scenarios

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See the back of this form for information regarding the Advanced Estimate Scenarios. If the employee is a member of another California public retirement system and he or she wants to use the final compensation with the other system in the estimate, complete the information below.

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**Name of Reciprocal System**

**Estimated Final Compensation Amount**

**Mail to:**

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CalPERS Retirement Benefit Service Division, P.O. Box 942717, Sacramento, California 94229-2717

## Instructions

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### Section 1: Information About the Member

Complete all fields.

### Section 2: Retirement Information

**Estimated Retirement Date** – The estimated retirement date will be the day following the last day on payroll indicated on this form. If no date is provided, we will use the first of the month the estimate is received.

**Please note:** We will only provide an estimate of the Unmodified Allowance if the beneficiary information is not completed. The amount of Temporary Disability Allowance should be based on the amount of the retirement payment option.

**What is a survivor?** – A survivor receives a monthly benefit regardless of the retirement payment chosen. We only include this in the retirement estimate if the 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 the member for at least one year before his or her service retirement date and continuously until death. (For Disability or Industrial Disability Retirement, these conditions must be met on or before the effective date of the member's 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 the member names to receive either a one-time lump-sum payment or ongoing monthly benefit upon his or her death.

**Retirement Options** – When the member retires, he or she will choose one of the following retirement payment 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 the member's death.
- **Return or Remaining Contributions Option 1** – provides a lump-sum payment of any remaining member contributions in the account to one or more beneficiaries upon the member's death.
- **100 Percent Beneficiary Option 2 With Benefit Allowance Increase** – provides 100 percent of the option portion of the member's monthly benefit to a named beneficiary upon the member's death. If the beneficiary dies before the member, or if the member has another qualifying event, such as a change in marital status, the member's benefit will increase to the Unmodified Allowance.
- **100 Percent Beneficiary Option 2** – provides 100 percent of the option portion of the member's ongoing monthly benefit to a named beneficiary upon the member's death. Upon both the member and the beneficiary's deaths, a lump-sum payment of any remaining member contributions in the 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 the member's ongoing monthly benefit to a named beneficiary upon the member's death. If the beneficiary dies before the member, or the member has another qualifying event, such as a change in marital status his or her benefit will increase to the Unmodified Allowance.
- **50 Percent Beneficiary Option 3** - provides 50 percent of the option portion of the member's ongoing monthly benefit to a named beneficiary upon the member's death. Upon both the member and beneficiary's deaths, a lump-sum payment of any remaining member contributions in the 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 the member's Unmodified Allowance to one or more named beneficiaries upon the member's death.

### Section 3: Advanced Estimate Scenarios

#### Reciprocity

- Enter the name of the other California public retirement system the member is a part of, if applicable.
- Enter the member's 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, the member must retire concurrently. Refer to the ***When You Change Retirement Systems*** publication for detailed information.