



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 Sections 1
and 2 and forward
to your employer.

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

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

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

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

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

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

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

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

Section 2

Authorization to Release Information

**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) |
|---------------------|-------------------|

This form continues on page 2.

Section 3

Employer Certification

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

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

Signature of Employer Representative

Date (mm/dd/yyyy)

Title

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**).