



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

## Election to the First Tier State Miscellaneous or Industrial Retirement Formula

Pursuant to Government Code Section 21073.7, the participant's current spouse or registered domestic partner must be made aware of the selection of benefits by the participant. The spouse or registered domestic partner of a CalPERS participant must acknowledge the submission of the Election Document for the First Tier retirement formula.

If the spouse or registered domestic partner is not able to sign the document, this form **must** be completed by the participant and submitted with the document.

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Participant Name

CalPERS ID or Social Security Number (SSN)

### I am married/registered, but my spouse/domestic partner did not sign the form because:

I do not know and have taken all reasonable steps to determine the whereabouts of my spouse/domestic partner.

My spouse/domestic partner has been advised of this election and has refused to sign the document(s).

My spouse/domestic partner is incapable of signing the document(s) because of an incapacitating mental or physical condition.

My spouse/domestic partner has no identifiable community property interest in the benefit.

My spouse/domestic partner and I have executed a marriage settlement agreement which makes the community property law inapplicable to the marriage.

**I certify under penalty of perjury that this information is true and correct.**

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Participant Signature

Date

# CalPERS Privacy Notice

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

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

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

Social Security numbers are used for the following purposes:

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

## Information Disclosure

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

## Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

## CalPERS

CalPERS Privacy Officer  
400 Q Street  
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).