

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

This form is to be used with Election Document for State Second Tier Retirement Formula.

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

Section 1: Member Information

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

Social Security Number or CalPERS ID

Pursuant to Government Code section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or registered domestic partner of a CalPERS member must acknowledge the submission of your ***Election Document for State Second Tier Retirement Formula*** form.

If a spouse's or registered domestic partner's signature does not appear on the above-named document, the following information must be completed by the member and submitted with the election.

By checking this box, you indicate that you are 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

By checking this box, you indicate that you are married or have a registered domestic partner, but your spouse or registered domestic partner did not sign this form because:

You do not know and have taken all reasonable steps to determine the whereabouts of your spouse or registered domestic partner.

Your spouse or registered domestic partner has been advised of the application and has refused to sign the acknowledgement.

Your spouse or registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition.

Your spouse or registered domestic partner had no identifiable community property interest in the benefit.

Your spouse or registered domestic partner and you have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

Section 2: Information Certification

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

Signature of Member

Date (mm/dd/yyyy)

Mail to: CalPERS Employer Account Management Division P.O. Box 942709, Sacramento, California 94229-2709

CalPERS Privacy Notice

Privacy Notice

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

Information Purpose

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

Please do not include information that is not requested.

Social Security Numbers

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

1. Social Security numbers are used for the following purposes:
2. Enrollee identification
3. Payroll deduction/state contributions
4. Billing of contracting agencies for employee/employer contributions
5. Reports to CalPERS and other state agencies
6. Coordination of benefits among carriers
7. 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**).