



Request for Option 2 or 3 Pop-Up Increase

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

Section 1

Participant and Beneficiary Information

Provide your full name and address and your current beneficiary information.

Name of Participant (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Address		
City	State	ZIP

Current Option 2 or 3 Beneficiary

Name of Beneficiary (First Name, Middle Initial, Last Name)	
Relationship to You	Date of Retirement (mm/dd/yyyy)

Section 2

Qualifying Events

Please submit a copy of appropriate legal document, such as certified death certificate, marriage certificate, certificate of domestic partnership, or endorsed-filed court order with this application.

Eligibility for Option 2 or 3 "pop-up" increase is based on one of the following events:

Indicate the event that applies.

Death of current life option beneficiary (provide copy of the certified death certificate)

Name of Beneficiary (First Name, Middle Initial, Last Name)	Date of Death (mm/dd/yyyy)
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Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (provide copy of the endorsed-filed court order)

divorce annulment legal separation

Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order)

Date Effective (mm/dd/yyyy)

Section 3

Disclaimer of Benefit Request

Check here to have CalPERS send you a **Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits** form. Your non-spouse or non-domestic partner beneficiary can voluntarily disclaim entitlement to your option benefit. The form must be returned to CalPERS with your beneficiary's notarized signature and be approved by CalPERS before your monthly benefit amount is increased.

Section 4

Certification of Participant

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

Signature of Participant	Date (mm/dd/yyyy)
() Daytime Phone	() Evening Phone

Mail to:

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

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**).