



Reinstatement From Disability/Industrial Disability Retirement Application

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

By completing this form you are requesting to reinstate from disability or industrial disability retirement into active membership with a CalPERS-covered employer. **Prior CalPERS approval is required.** You must submit additional required documentation with this application. Refer to the publication *Reinstatement From Retirement* (PUB 37) and the back of this form for details.

Section 1

Information About You

Please provide your name as it appears on your Social Security card.

Your Name (First Name, Middle Initial, Last Name)		CalPERS ID or Social Security Number	
Address			
City	State	ZIP	
Prospective Employer			
Prospective Job Title		Estimated Start Date (mm/dd/yyyy)	

Safety Members Requesting Reinstatement Under Government Code 21197

- ☐ I am requesting reinstatement from an industrial disability retirement into a miscellaneous position under Government Code section 21197. I have read the publication *Reinstatement From Retirement* (PUB 37) and understand the requirements of this provision.

Section 2

Your Signature and Certification

I understand that reinstatement will terminate my current CalPERS retirement benefit and can change the benefits I am entitled to receive in the future when I re-retire.

_____ Your Signature	_____ Date (mm/dd/yyyy)	() Phone
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Section 3

Employer Certification

This section does not need to be completed by all employers. See the back of this form for further instructions.

It is our intent to hire for the following:

_____ Name of Member		
_____ Name of Employer	_____ CalPERS Business Partner ID	
_____ Job Title	_____ Estimated Hire Date (mm/dd/yyyy)	
_____ Authorized Employer Signature		
_____ Title	_____ Date (mm/dd/yyyy)	() Phone

This offer is contingent upon written approval from CalPERS.

Mail to:

CalPERS Disability & Survivor Benefits Division • P.O. Box 2796, Sacramento, California 95812-2796

Instructions for Completing Form

Section 1

Information About You

- Complete all fields.

Section 2

Your Signature and Certification

- Complete all fields.

State/CSU Retirees

If you are a State of California or California State University (CSU) retiree, please read the “Mandatory Reinstatement Rights” section of the publication *Reinstatement From Retirement* (PUB 37) before accepting any employment.

Section 3

Employer Certification

- Complete all fields.

State/CSU Retirees

If you are a State of California or California State University (CSU) retiree and are reinstating to the position from which you retired on disability, the employer does not need to complete this section.

Local Safety Retirees

If you are a **local safety retiree** who retired on disability or industrial disability and you want to return to any local safety position, you must submit this form to your former employer. They determine whether you are eligible to return to work.

If you are a **local safety retiree** who retired on a disability or industrial disability retirement, and **you want to return to work in a miscellaneous position** with a CalPERS-covered employer, submit this form to CalPERS.

You must also submit a position duty statement describing the position you held when you became disabled and the medical documentation used at the time of your retirement identifying the restrictions placed upon you.

Additional Documentation

You must submit the following documentation along with this form:

- **Authorization to Disclose Protected Health Information** form
- **Physical Requirements of Position/Occupational Title** form
- Current medical report from your specialist
- Position duty statement from the prospective employer (**Note:** If you are a state/CSU retiree, also include a position duty statement from the employer you retired from.)

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).