



A Guide to CalPERS

# Reinstatement From Retirement

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## WHAT IS REINSTATEMENT?

If you retired from CalPERS and are considering returning to work for a **CalPERS-covered** employer, there are rules and restrictions you need to know about **before** accepting any position. As a CalPERS retiree, you may either work as a retired annuitant or reinstate to active service.

| Work as a Retired Annuitant   | or | Reinstate to Active Service  |
|---|----|--|
| Retired annuitants are retirees who work for a CalPERS employer and continue to receive a retirement allowance from CalPERS. Employment is limited to 960 hours per year and is not a permanent position. |    | Reinstatement means you come out of retirement to work for a CalPERS employer as a permanent employee. This is any permanent position, even if it's part time. You receive regular paychecks, earn service credit, and make contributions to CalPERS, just as you did before retiring. Your retirement checks stop until you decide to retire again. |

This publication provides information about **voluntarily reinstating** to active employment. For information on working as a retired annuitant, please refer to *A Guide to CalPERS Employment After Retirement* (PUB 33). You can find this publication on our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

There are laws CalPERS retirees must follow when returning to **CalPERS-covered** employment, but retirees can work under another California public retirement system with no restrictions.

**Voluntary reinstatement** is your choice. Mandatory reinstatement can happen when you violate the rules for working after retirement.

## THINGS TO CONSIDER BEFORE YOU REINSTATE

### PEPRA vs. Classic Membership

The California Public Employees’ Pension Reform Act of 2013 (PEPRA) changed the way CalPERS retirement benefits are applied. Before you come out of retirement, it’s important to understand whether your new service will be subject to the rules of PEPRA and how PEPRA may affect your future retirement benefit.

If you are not subject to PEPRA, you are considered a “classic” member and the time you work as a classic member is typically subject to the laws in place before PEPRA. However, it’s possible to be both a PEPRA and classic member.

If you currently are or were a member of another California public retirement system and you want to know whether you will be a PEPRA or classic member when you reinstate, contact us for more information.

If you had some or all classic membership when you retired, determining whether you will be a PEPRA or classic member when you reinstate depends on which employer you reinstate to and how long you have been separated—not retired—from CalPERS employment. Refer to the chart below.

| If you separated from your last employer as... | Then you reinstate with...   | You will be a... |
|--|--|------------------|
| a classic member only                          | <ul style="list-style-type: none"> <li>• any employer, and</li> <li>• have been separated for less than six months</li> </ul>                            | classic member   |
|  | <ul style="list-style-type: none"> <li>• any employer you previously worked for,* and</li> <li>• have been separated for more than six months</li> </ul> | classic member   |
|  | <ul style="list-style-type: none"> <li>• an employer you have never worked for, and</li> <li>• have been separated for more than six months</li> </ul>   | PEPRA member     |
| a PEPRA member only                            | <ul style="list-style-type: none"> <li>• any employer regardless of how long you have been separated</li> </ul>  | PEPRA member     |

\*All State of California departments, including California State Universities (CSU), are considered the same state employer. All school county offices and districts are considered the same school employer. Public agencies are considered different employers.

| If you separated from your last employer as... | Then you reinstate with...  | You will be a... |
|--|---|------------------|
| both a classic and a PEPRA member              | <ul style="list-style-type: none"> <li>any employer you previously worked for as a classic member</li> </ul>  | classic member   |
|  | <ul style="list-style-type: none"> <li>any employer you previously worked for as a PEPRA member</li> </ul>  | PEPRA member     |
|  | <ul style="list-style-type: none"> <li>any employer you have never worked for, and</li> <li>have been separated for more than six months</li> </ul> | PEPRA member     |

### Final Compensation and Compensation Limits

Final compensation is your highest average annual compensation during any consecutive 12- or 36-month period of employment. All PEPRA members have a 36-month final compensation period. PEPRA salaries only apply to PEPRA service, and classic salaries only apply to classic service (California Code of Regulations section 579.24).

The amount we can use in your retirement calculation may be limited by PEPRA, Internal Revenue Code section 401(a)(17), or both. These limits do not limit the salary you can receive, but rather limit the amount we can use to calculate your retirement benefit. The limits are updated at the beginning of each year. You can read more about these compensation limits in your member benefit publication or visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

### Health Benefits

If you currently have CalPERS retiree health coverage, you will need to enroll in a basic health plan as an active employee with your new employer or get other health coverage. You may be eligible to resume your retiree health coverage from the employer you first retired with if you meet **all** of the following requirements:

- You are eligible for CalPERS retiree health coverage before you reinstate.
- Your first employer’s health premium contribution amount is higher than the new employer.
- You re- retire within 120 days of leaving employment with the new employer.
- You notify us in writing within 60 days of your new retirement date or during Open Enrollment that you want to receive health benefits from the employer you first retired from.

If you are not currently eligible for CalPERS retiree health benefits, ask your new employer if they contract for CalPERS health benefits. You may be eligible for CalPERS retiree health benefits when you re-retire.

### Cost-of-Living Adjustments

Cost-of living adjustments (COLA) are typically paid beginning the second calendar year after you retire and compound annually. The longer you've been retired, the higher the compounded factor. When you reinstate and then re-retire, your COLA is paid the second calendar year after your new retirement date and is based on your new retirement benefit, but you **do not** retain the compounded factor. This could cause your future benefit to be lower than what it is now.

**Example:** You retired in 2010, and your employer's contracted COLA percentage is 2 percent. You reinstate in 2018, and your current COLA factor is 12.41 percent. If you retire again in 2020, you become eligible for your first COLA in 2022. The COLA factor would be the lower of either the rate of inflation or 2 percent.

### Reciprocal Benefits

If you retired concurrently (on the same day) with another California public retirement system and we used the other system's salaries to calculate your CalPERS retirement benefit, reinstatement breaks the concurrent retirement. This means your CalPERS retirement will be based on your CalPERS salaries when you re-retire.

### Golden Handshake

If you received additional service credit as an incentive to retire, this benefit is lost when you reinstate and will not be included in your future retirement benefit. This could cause your future retirement benefit to be lower than it is now.



## Sick Leave Service Credit

If unused sick leave days are included in your current retirement calculation, your sick leave may be restored to your active employee account depending on what type of agency you retired from and how long you've been retired. See the following chart for details.

| If you retired from...               | And you return to work with...  | Then your sick leave...                          |
|--------------------------------------|---|--|
| the State of California              | the State of California within six months of your initial retirement date   | will be restored to your active employee balance |
|                                      | <ul style="list-style-type: none"> <li>• a public agency,</li> <li>• school employer, or</li> <li>• the State of California more than six months from your initial retirement date</li> </ul> | stays in your retirement account                 |
| a school employer or a public agency | <ul style="list-style-type: none"> <li>• a school employer,</li> <li>• public agency, or</li> <li>• the State of California</li> </ul>  | stays in your retirement account*                |

\*If your school or public agency employer will be restoring your unused sick leave to your active employee account, they must notify us immediately upon your return so your sick leave can be removed from your retirement account. Otherwise, it stays credited to your retirement account.

If you have unused sick leave with your new employer when you're ready to re-retire, this sick leave will be used in your new retirement calculation if the employer contracts for this benefit and you retire within 120 days of leaving employment. Any sick leave credit that remained in your retirement account will also be included in your new benefit.

## Community Property

If you resolved a community property claim from your first retirement using a time rule division, your nonmember spouse's benefit will stop when you reinstate to active employment. Depending on the type of model order used to divide your benefits, you may need to submit a new court order before you retire again. Refer to the chart below.

| If your benefits were divided using...                    | Then...  |
|---|--|
| <b>Model Order B</b><br>(Time Rule Future Division)       | <ul style="list-style-type: none"><li>• we will use the existing court order on file, or</li><li>• you and your nonmember spouse can agree to use a different method of division before you re-retire.</li></ul> |
| <b>Model Order C</b><br>(Time Rule Post-Retirement Split) | <ul style="list-style-type: none"><li>• the existing court order on file will no longer be valid, and a new court order will be required before you re-retire.</li></ul>   |

**Note:** Refer to *A Guide to CalPERS Community Property* (PUB 38A) for more information.

### **Important!**

Your future benefit could be lower than your current retirement benefit. Some reasons that can cause this are:

- Your and your beneficiary's ages are different when you retire again.
- You may have received a temporary annuity payment on your first retirement.
- You may have changed your retirement type. For example, you originally retired on a service retirement but re-retire on a disability retirement.
- You do not retain your compounded COLA factor when COLA becomes payable again. This could cause your future retirement benefit to be lower than it was when you returned to active membership.

## HOW TO ESTIMATE YOUR FUTURE SERVICE RETIREMENT BENEFIT

Often the decision to come out of retirement depends on whether your future retirement benefit will increase and by how much.

Your future retirement benefit will depend on:

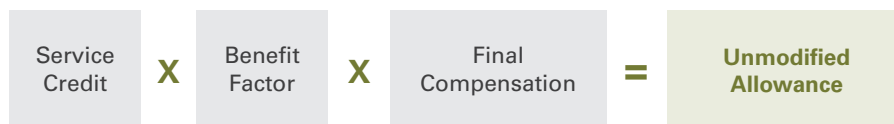
- How much additional service credit you earn
- PEPRA vs. classic membership
- How long you were initially retired
- Your age at your next retirement

We have provided sample calculations to help you figure out your potential future retirement benefit. Before we continue, let's go over key points of the basic retirement calculation.

### Unmodified Allowance

The Unmodified Allowance is the highest possible benefit and is based on three things:

- Years of service credit
- Benefit factor
- Final compensation



We calculate an Unmodified Allowance for each employer you work for and then add them to get your total Unmodified Allowance.

### Service Credit

Service credit is earned on a fiscal year basis, which is July 1 through June 30. If you are paid on a monthly basis, 10 months of full-time employment will equal one year. You cannot earn more than one year of service credit in one fiscal year. If you work less than eight hours per day, it will take you longer to earn a year of service credit.

### Benefit Factor

Your benefit factor, also known as “age factor,” is the percentage of pay you receive for each year of service credit earned. Your benefit factor is determined by your retirement formula and age at retirement. Benefit factor charts are located in our CalPERS member benefit publications at [www.calpers.ca.gov](http://www.calpers.ca.gov).

### Final Compensation

Your final compensation is your highest average annual compensation during any consecutive 12- or 36-month period of employment. We use your full-time **pay rate**, not your earnings. If you work part time or are paid hourly, we convert your pay rate to a monthly equivalent.

**Pay rate** excludes any additional pay you receive like longevity pay, uniform allowance, etc.

Your actual allowance will depend on whether you choose to name a beneficiary to receive all or some of your benefits upon your death. For simplicity, we will use the Unmodified Allowance for the first and second retirement benefit.

### *Classic to Classic*

If your new employer's salaries are higher, but you don't work the entire final compensation period, we bridge your new and old salaries to come up with the additional months needed to complete the consecutive 12- or 36-month period.

**Example:** If your employer has a 12-month final compensation period and you work six months during your reinstatement period, we will use these six months of salaries and take your last six months of salaries prior to your first retirement to come up with 12 months.

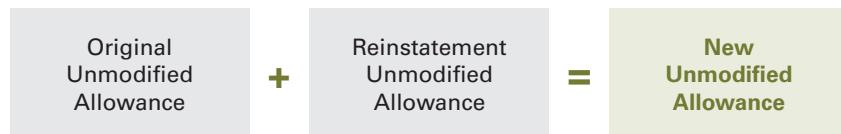
### *Classic to PEPRA*

If you work less than 36 months, we will extend your first PEPRA pay rate backward for the amount of months needed to come up with the consecutive 36 months. We will use classic salaries for classic service and PEPRA salaries for PEPRA service, which means you will have more than one final compensation amount.

**Example:** If you reinstated as a PEPRA member and you only worked for 24 months out of the 36-month final compensation period, we will extend your first PEPRA pay rate backward to come up with the number of months needed to complete the 36 consecutive months of final compensation. Your classic salaries cannot be combined with your PEPRA salaries.

### Less Than One Year of Service Credit Earned

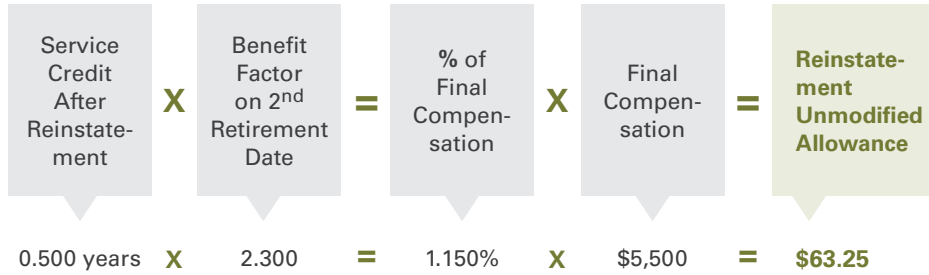
If you earn less than one year of service credit after you reinstate, we calculate an Unmodified Allowance based on your new service and then add it to your original Unmodified Allowance along with any cost-of-living increase to get your new Unmodified Allowance.



## Sample Calculation—Classic/PEPRA

Dan retired as a classic member and reinstated as a PEPRA member. He earns five months of service credit and then re-retires.

New retirement formula: PEPRA 2% at 62  
 PEPRA salaries: \$5,500  
 Age at second retirement: 65.00 years  
 Original Unmodified Allowance: \$4,000

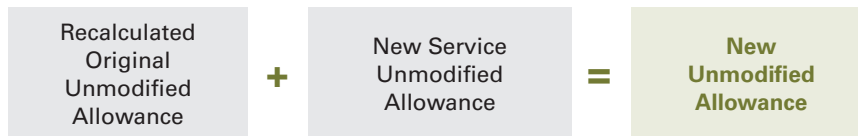


Dan's new benefit is \$4,000 + \$63.25 = **\$4,063.25\***

\*The data used in this example is hypothetical and is not based on any real-life person(s). Final compensation may be affected by allowable special compensation, service coordinated with Social Security, and/or applicable compensation caps.

## At Least One Year of Service Credit Earned

If you earn one year or more of service credit after you reinstate, we use your age at the second retirement to calculate an Unmodified Allowance on your new service. Then we recalculate your original Unmodified Allowance using a **determined age** and add them together to come up with your new Unmodified Allowance.



**Determined age** is the age at your second retirement minus the number of years and months you were originally retired.

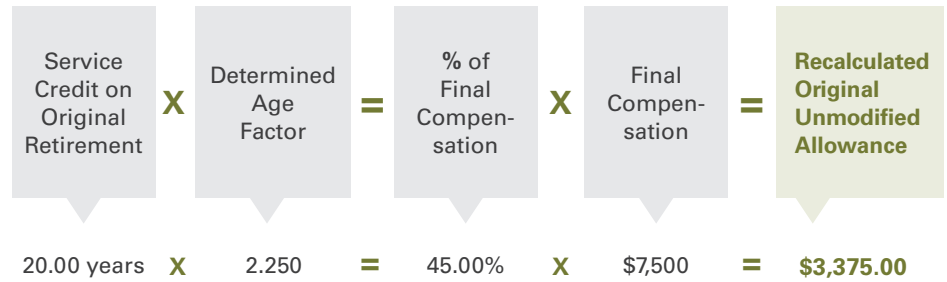
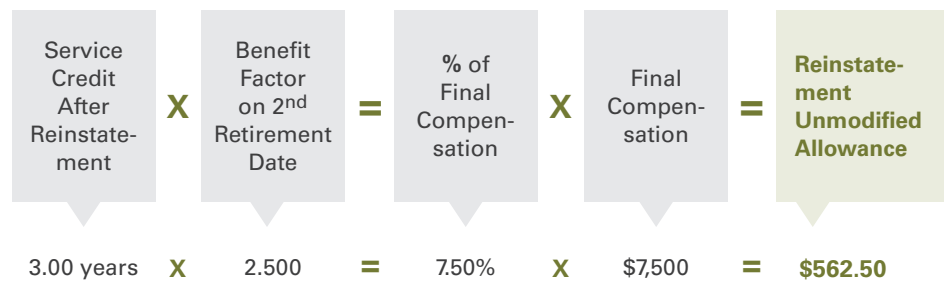
Your actual allowance will depend on whether you choose to name a beneficiary to receive all or some of your benefits upon your death. For simplicity, we will use the Unmodified Allowance for the first and second retirement benefit.

### Sample Calculation—Classic/PEPRA

Barbara retired as a classic member and reinstated as a PEPRA member. She earns five years of service credit and re-retires.

New retirement formula: PEPRA 2% at 62  
 PEPRA salaries: \$5,500  
 Age at second retirement: 65.00 years

Original retirement formula: Classic 2% at 55 (local miscellaneous)  
 Classic salaries: \$4,500  
 Determined age: 65.00 – 2.00 = 63.00 years



Barbara's new benefit is \$632.50 + \$2,720.25 = **\$3,352.75\***

\*The data used in this example is hypothetical and is not based on any real-life person(s). Final compensation may be affected by allowable special compensation, service coordinated with Social Security, and/or applicable compensation caps.

### Sample Calculation—Classic/Classic

Keith retired as a classic member and reinstated as a classic member.  
He earns three years of service credit and re-retires.

New retirement formula: Classic 2% at 55 (state miscellaneous)  
New salaries: \$7,500  
Age at second retirement: 63.00 years

Original retirement formula: Classic 2% at 55 (state miscellaneous)  
Original salaries: \$5,000  
Determined age: 63.00 – 4.00 = 59.00 years

|                                    |   |   |   |                         |   |                    |   |                                    |
|------------------------------------|---|---|---|-------------------------|---|--------------------|---|------------------------------------|
| Service Credit After Reinstatement | X | Benefit Factor on 2 <sup>nd</sup> Retirement Date | = | % of Final Compensation | X | Final Compensation | = | Reinstatement Unmodified Allowance |
| 5.00 years                         | X | 2.300   | = | 11.50%                  | X | \$5,500            | = | \$632.50                           |

|                                       |   |                       |   |                         |   |                    |   |  |
|---------------------------------------|---|-----------------------|---|-------------------------|---|--------------------|---|--|
| Service Credit on Original Retirement | X | Determined Age Factor | = | % of Final Compensation | X | Final Compensation | = | Recalculated Original Unmodified Allowance |
| 25.00 years                           | X | 2.418                 | = | 60.45%                  | X | \$4,500            | = | \$2,720.25                                 |

Keith's new benefit is \$562.50 + \$3,375.00 = **\$3,937.50\***

\*The data used in this example is hypothetical and is not based on any real-life person(s). Final compensation may be affected by allowable special compensation, service coordinated with Social Security, and/or applicable compensation caps.

## HOW TO REINSTATE FROM SERVICE RETIREMENT

### Notify the Right People

If you are currently working as a retired annuitant and want to accept a permanent position with another CalPERS-covered employer, you must inform your current employer. You cannot be an active permanent employee and a retired annuitant at the same time.

### Get a Firm Start or Hire Date

Make sure your actual start or hire date with your future employer is after your retirement date. If you return to work before your actual retirement date, you are not officially retired and you may owe us for any retirement benefits you received. Your employment start date is the first day you physically return to work.

### Submit Your *Reinstatement From Service Retirement Application Form*

The application form is located in the back of this publication and in the **Forms & Publications** area of our website at [www.calpers.ca.gov](http://www.calpers.ca.gov). Prior approval is not needed before you start working. Once we receive your completed application, we will confirm your start date with your employer and provide you written confirmation of your retirement end date and reinstatement start date.

If your start date changes or you decide not to return to work and you've already turned in your reinstatement application, you must notify us immediately to avoid any disruption in benefit payments.

#### **Important!**

Due to the timing of processing your reinstatement application and our calendar cut-off dates for issuing retirement checks, you may incur an overpayment of retirement benefits. For example, if your reinstatement date is March 15, but the cut-off date for your April 1 check is March 8, you will receive your full retirement check for the month of March and owe us for 14 days of retirement benefits. If this happens, we will provide written notification of the amount of overpaid benefits and instructions on how to repay.



## HOW TO REINSTATE FROM DISABILITY OR INDUSTRIAL DISABILITY RETIREMENT

### Obtain Approval From CalPERS

If you retired on disability or industrial disability, you must have approval from CalPERS **before** you can return to active employment for any CalPERS-covered employer.

The reinstatement process can take three to six months, depending on how complete your reinstatement application packet is and whether you will be sent for an independent medical examination. Therefore, you will want to submit your reinstatement request as far in advance as possible. You may request a specific reinstatement date, but the effective date of employment cannot be prior to the date of CalPERS' approval.

### Submit Your *Reinstatement From Disability/Industrial Disability Retirement Application* Form

The application form is located in the back of this publication and in the **Forms & Publications** area of our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

If you are a **local safety retiree** who retired on a disability or industrial disability retirement, and **you want to return to any safety position** (public agency or state), submit your reinstatement application to your former employer. They determine whether you're 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 your reinstatement application to CalPERS.

### Submit Your Required Documentation

The reinstatement process and required documentation varies depending on the employer you retired from and what position and employer you want to work for.

For CalPERS to begin the determination process, you must submit the following forms and documentation:

- *Reinstatement From Disability/Industrial Disability Retirement Application*
- *Authorization to Disclose Protected Health Information*
- *Physical Requirements of Position/Occupational Title*
- Position Duty Statement
- Medical Clearance Report

You can find the forms in the back of this publication and in the **Forms & Publications** area of our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

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, 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.

### Submit Your Medical Clearance Report

Obtain a current medical report from your specialist and submit it to CalPERS. If you had more than one disabling condition at the time of retirement, you must provide a medical report from each medical specialist. The specialist(s) must include in the medical report the following pertinent information:

- Your name and the date of the most recent examination.
- Your current diagnosis.
- Confirmation that the specialist(s) reviewed and discussed with you the position duty statement(s) (by title) and the *Physical Requirement of Position/Occupational Title* form(s).
  - **State/CSU retirees:** The confirmation should include the position you retired from, in addition to the new position you have applied for.
- A statement as to whether you are presently capable of performing all tasks involved in your new position with or without restrictions or limitations.
  - **State/CSU retirees:** The report should also include a statement as to whether you are still incapacitated from performing all tasks for your former position with or without restrictions or limitations. If you are still incapacitated from the former position, state whether the incapacity is permanent or temporary. If temporary, provide the expected duration.
- If there are restrictions or limitations, include specific details about the restrictions for the new position.
  - **State/CSU retirees:** If there are restrictions or limitations, include specific details about the restrictions for the former position.
- The specialist's signature, printed name, medical specialty, and contact information.

Sometimes we may need additional information or an independent medical examination to supplement your medical specialist's report. If so, CalPERS will select the medical specialist, schedule the appointment, and pay for the examination.

## Mandatory Reinstatement Rights—State or CSU Retirees

If you are a State of California or California State University (CSU) disability retiree, you have mandatory reinstatement rights to your prior civil service position from which you were found disabled. Your right to return depends on medical clearance that your condition has improved to the point where you can perform the essential functions of the position.

If you are medically cleared to return to the position from which you retired and choose not to return, you will forever forfeit your mandatory reinstatement rights to that position.

The chart below shows different scenarios for when your mandatory reinstatement rights would be forfeited.

| Scenario   | Reinstatement Rights  |
|--|---|
| <p>1 You retired on disability from your position as an office assistant. Your condition improves, and you are medically cleared to perform your former office assistant job duties. You find another office assistant job that you're interested in applying for with another employer.</p>                     | <p>You may...</p> <ul style="list-style-type: none"> <li>• return to your former position, or</li> <li>• accept the new office assistant job with the other employer.</li> </ul> <p>You will forfeit your right to return to your former position with the employer you retired from (Government Code section 21193).</p>   |
| <p>2 You retired on disability from your position as an office assistant. Your condition improves, and you are medically cleared to perform your former office assistant job duties. You find another job within the same classification as an office assistant, which you're interested in applying for.</p>    | <p>You may...</p> <ul style="list-style-type: none"> <li>• return to your former position, or</li> <li>• reinstate into the vacant position in the same classification as your former position as long as you are first determined to be capable of performing the new job duties. You will forfeit your right to return to your former position with the employer you retired from (Government Code section 21193).</li> </ul> |
| <p>3 You retired on disability from your position as a cook. You are still incapacitated from performing your job duties as a cook, but you were medically cleared to perform a different job. You are now working in that new job. Later, you are medically cleared to perform your former cook job duties.</p> | <p>You may...</p> <ul style="list-style-type: none"> <li>• reinstate to your former cook position, or</li> <li>• keep working in your new position and forfeit your rights to return to the cook position (Government Code section 21193).</li> </ul>   |

| Scenario  | Reinstatement Rights  |
|---|---|
| <p>4 You retired on industrial disability from your position as a correctional officer. You reinstate as an administrative assistant under Government Code section 21197 because you were determined to be capable of performing those duties. Later, you are medically cleared to perform your former correctional officer duties.</p> | <p>You may...</p> <ul style="list-style-type: none"> <li>• reinstate into your former correctional officer position, or</li> <li>• remain in your administrative assistant position and forfeit your rights to return to your former position. You will also no longer be entitled to resume an industrial disability retirement allowance when you retire in the future (Government Code sections 21193, 21197, and 21201).</li> </ul> |

### Industrial Disability to Miscellaneous Position

Government Code section 21197 provides an industrial disability retiree the right to reinstate into a miscellaneous position and then re-retire on an industrial disability with no additional medical documentation.

When you retire again, we will take into consideration your membership type (classic or PEPRA), additional earned service credit, contributions made to CalPERS, and salaries when calculating your future industrial disability retirement.

An industrial disability benefit pays the higher of:

- 50 percent of your highest consecutive 12-month or 36-month average monthly salary. An additional annuity may be paid if you have contributions associated with non-safety service.
- A service retirement allowance, if you qualify for service retirement.
- If under age 50, an actuarially reduced benefit factor (determined by your retirement formula and how many quarter years you are under age 50) multiplied by the number of years of service credit.

Remember, if your industrial disability benefit was based on classic salaries, and you become subject to PEPRA in your new miscellaneous position, your PEPRA salaries cannot be used toward your classic service or vice versa.

## BECOME A MORE INFORMED MEMBER

### CalPERS Website

Visit [www.calpers.ca.gov](http://www.calpers.ca.gov) for information on all our benefits and services. You can also sign up to receive email newsletters and alerts.

### my|CalPERS

Log in at [my.calpers.ca.gov](http://my.calpers.ca.gov) to access real-time details and balances of your CalPERS accounts. With my|CalPERS you can:






- View, print, and save current and past statements.
- Select mailing preferences for your statements, newsletters, and retirement checks.
- Search for medical premium rates and health plans available in your area and confirm which dependents are covered on your health plan.
- Estimate your future retirement benefit and save estimates to view later.
- Send and receive secure messages.
- Order and download publications.
- Send account information to third parties, such as banks.
- Apply for service retirement.
- Change your beneficiary designation.
- Retirees can update contact information, set up direct deposit, change tax withholdings, and view annual tax statements.

### CalPERS Education Center

Whether you're in the early stages of your career or getting ready to retire, visit the CalPERS Education Center in my|CalPERS to:

- Take online classes that help you have a better understanding of your CalPERS benefits.
- Register for instructor-led classes and download class materials.
- Register to attend a CalPERS Benefits Education Event at a location near you.
- Schedule a one-on-one appointment with a representative at your nearest CalPERS Regional Office.

### Experience CalPERS Through Social Media

-  Facebook: [www.facebook.com/myCalPERS](http://www.facebook.com/myCalPERS)
-  Twitter: [www.twitter.com/CalPERS](http://www.twitter.com/CalPERS)
-  Instagram: [www.instagram.com/CalPERS](http://www.instagram.com/CalPERS)
-  YouTube: [www.youtube.com/CalPERS](http://www.youtube.com/CalPERS)
-  LinkedIn: [www.linkedin.com/company/CalPERS](http://www.linkedin.com/company/CalPERS)

### Reach Us by Phone

Call us toll free at **888 CalPERS** (or **888-225-7377**).  
Monday through Friday, 8:00 a.m. to 5:00 p.m.  
TTY: (877) 249-7442

**Visit Your Nearest CalPERS Regional Office**

**Fresno Regional Office**

10 River Park Place East, Suite 230  
Fresno, CA 93720

**Glendale Regional Office**

Glendale Plaza  
655 North Central Avenue, Suite 1400  
Glendale, CA 91203

**Orange Regional Office**

500 North State College Boulevard, Suite 750  
Orange, CA 92868

**Sacramento Regional Office**

Lincoln Plaza East  
400 Q Street, Room 1820  
Sacramento, CA 95811

**San Bernardino Regional Office**

650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408

**San Diego Regional Office**

7676 Hazard Center Drive, Suite 350  
San Diego, CA 92108

**San Jose Regional Office**

181 Metro Drive, Suite 520  
San Jose, CA 95110

**Walnut Creek Regional Office**

Pacific Plaza  
1340 Treat Boulevard, Suite 200  
Walnut Creek, CA 94597

**Visit the CalPERS website for directions to your local office.**

Regional Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.

## 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**).

*CalPERS is governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811.*







# Reinstatement From Service Retirement Application

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

By completing this form you are requesting to reinstate into active membership with a CalPERS-covered employer. Prior CalPERS approval is not required. You must notify us immediately if your first day of compensated employment changes. For important information about how reinstatement can affect your retirement benefits, refer to the *Reinstatement From Retirement* publication (PUB 37).

## 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

Birth Date (mm/dd/yyyy) | Daytime Phone | Alternate Phone

Address

City | State | ZIP

## Section 2

### Employer Information and Certification

Employment Start Date is the first day the member physically returns to work.

Employment Start Date (mm/dd/yyyy) | Position Title (do not abbreviate)

Name of Employer | Employer Code or CalPERS ID

Address

City | State | ZIP

I hereby certify, under penalty of perjury, that the above information is true, complete, and correct to the best of my knowledge.

Signature of Employer | Position Title | Date (mm/dd/yyyy)

Print Name of Employer | Employer's Phone Number

## Section 3

### 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)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

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# 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 *Reinstatement From Retirement* publication (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 *Reinstatement From Retirement* publication (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

## 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 Benefit Services 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 *Reinstatement From Retirement* publication (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.)



# Authorization to Disclose Protected Health Information

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

## Section 1

### Member Information

|  |               |                                      |
|--|---------------|--------------------------------------|
| _____  |               | _____                                |
| Name of Member (First Name, Middle Initial, Last Name) |               | Social Security Number or CalPERS ID |
| ( )  | ( )           |                                      |
| Daytime Phone  | Evening Phone |                                      |
| _____  |               |                                      |
| Address  |               |                                      |
| _____  | _____         | _____                                |
| City   | State         | ZIP                                  |

I authorize the disclosure of my protected health information, including, but not limited to, medical histories, diagnoses, examination reports, chart notes, testing and test results, X-rays, operative reports, lab and medication records, prescriptions, and any other records relating to the prognosis, treatment or diagnosis of any physical, mental, psychological or psychiatric condition, to the California Public Employees' Retirement System (CalPERS) or its representative, for the sole purposes of determining my physical or mental condition, illness, or disability and my right, if any, to retirement or reinstatement under the Public Employees' Retirement Law (PERL) (Government Code sections 20000, et seq.). I understand that any information about me disclosed pursuant to this Authorization will be used by CalPERS for the administration of its duties under the PERL, the Social Security Act, and the Public Employees' Medical and Hospital Care Act. I understand that submission of the requested information is mandatory under Government Code section 20128 and that failure to supply the information requested may result in CalPERS being unable to make a determination regarding my status.

This Authorization applies to any and all health and/or medical related information about me in the possession of any health care provider, health plan, insurance company or fund, employer or plan administrator, government agency, organization or entity administering a benefit program, rehabilitation organization or program.

I understand that if my protected health information is disclosed to someone who is not required to comply with federal privacy protection regulations, that information may be re-disclosed and would no longer be protected.

I understand that I have a right to revoke this Authorization at any time. My revocation must be in writing by letter directed to the CalPERS Benefit Services Division at the address below. I am aware that my revocation is not effective to the extent that persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this Authorization. Unless cancelled by me in writing, this Authorization shall be valid for four years from the date shown below. A photocopy of this Authorization shall be as valid as the original. I understand that I may request a copy of this Authorization at any time.

## Section 2

### Authorization to Release Information

**I also authorize the disclosure of any and all personnel and other employment-related records on file with any of my present or former employers which relate to my job duties, work performance, and other work-related issues including, but not limited to, attendance and sick leave records and records of administrative and judicial action arising out of, or related to, my past or present employment.**

|                     |                   |
|---------------------|-------------------|
| _____               | _____             |
| Signature of Member | Date (mm/dd/yyyy) |

|                 |   |
|-----------------|---|
| <b>Mail to:</b> | <b>CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796</b> |
|-----------------|---|

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# Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

## Section 1

### Member Information

This form must be completed by the member and their employer to supplement the physical requirements listed on the member's job duty statement/job description.

|  |  |                                      |     |
|--|--|--------------------------------------|-----|
| Name of Member (First Name, Middle Initial, Last Name) |  | Social Security Number or CalPERS ID |     |
| Position/Occupational Title                            |  | Name of Employer                     |     |
| Worksite Street Address                                |  |                                      |     |
| City   |  | State                                | ZIP |

## Section 2

### Physical Requirements Information

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

| Activity                  | Never | Occasionally<br>Up to 3 hours | Frequently<br>3–6 hours | Constantly<br>Over 6 hours | Distance/<br>Height |
|---------------------------|-------|-------------------------------|-------------------------|----------------------------|---------------------|
| Sitting                   |       |                               |                         |                            |                     |
| Standing                  |       |                               |                         |                            |                     |
| Running                   |       |                               |                         |                            |                     |
| Walking                   |       |                               |                         |                            |                     |
| Crawling                  |       |                               |                         |                            |                     |
| Kneeling                  |       |                               |                         |                            |                     |
| Climbing                  |       |                               |                         |                            |                     |
| Squatting                 |       |                               |                         |                            |                     |
| Bending (neck)            |       |                               |                         |                            |                     |
| Bending (waist)           |       |                               |                         |                            |                     |
| Twisting (neck)           |       |                               |                         |                            |                     |
| Twisting (waist)          |       |                               |                         |                            |                     |
| Reaching (above shoulder) |       |                               |                         |                            |                     |
| Reaching (below shoulder) |       |                               |                         |                            |                     |
| Pushing & Pulling         |       |                               |                         |                            |                     |
| Fine Manipulation         |       |                               |                         |                            |                     |
| Power Grasping            |       |                               |                         |                            |                     |
| Simple Grasping           |       |                               |                         |                            |                     |
| Repetitive use of hand(s) |       |                               |                         |                            |                     |
| Keyboard Use              |       |                               |                         |                            |                     |
| Mouse Use                 |       |                               |                         |                            |                     |
| Lifting/Carrying          |       |                               |                         |                            |                     |
| 0 – 10 lbs.               |       |                               |                         |                            |                     |
| 11 – 25 lbs.              |       |                               |                         |                            |                     |
| 26 – 50 lbs.              |       |                               |                         |                            |                     |
| 51 – 75 lbs.              |       |                               |                         |                            |                     |
| 76 – 100 lbs.             |       |                               |                         |                            |                     |
| 100 + lbs.                |       |                               |                         |                            |                     |

Continued on page 2.

**Section 2 (continued)**

**Physical Requirements, continued**

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

If there is not enough space to enter all your additional requirements or comments, attach a separate sheet. Be sure to use a label, or clearly write your name and Social Security number on each attachment.

| Activity   | Never | Occasionally<br>Up to 3 hours | Frequently<br>3–6 hours | Constantly<br>Over 6 hours | Distance/<br>Height |
|--|-------|-------------------------------|-------------------------|----------------------------|---------------------|
| Walking on uneven ground   |       |                               |                         |                            |                     |
| Driving  |       |                               |                         |                            |                     |
| Working with heavy equipment   |       |                               |                         |                            |                     |
| Exposure to excessive noise  |       |                               |                         |                            |                     |
| Exposure to extreme temperature, humidity, wetness                                   |       |                               |                         |                            |                     |
| Exposure to dust, gas, fumes, or chemicals   |       |                               |                         |                            |                     |
| Working at heights   |       |                               |                         |                            |                     |
| Operation of foot controls or repetitive movement                                    |       |                               |                         |                            |                     |
| Use of special visual or auditory protective equipment                               |       |                               |                         |                            |                     |
| Working with bio-hazards (e.g., blood-borne pathogens, sewage, hospital waste, etc.) |       |                               |                         |                            |                     |

**Section 3**

**Signature of Employer and Member**

This form must be completed and signed by you and your employer and sent to a medical specialist along with other documentation.

If you are a Disability Retirement Election applicant, your employer must provide you a copy of this completed form. Your employer must send the signed original to CalPERS.

Also, you must attach your current job duty statement/job description and a copy of the *Physical Requirements of Position/Occupational Title* form to the *Physician's Report on Disability* form prior to sending them to a medical specialist. Complete document submittal requirements are described in *A Guide to Completing Your CalPERS Disability Retirement Election Application*.

The medical specialist must be the treating physician specializing in your disabling condition.

If you are a Request to Work While Receiving Disability/Industrial Disability Benefits applicant or a Reinstatement from Disability/Industrial Disability Retirement applicant, you must attach the job duty statement/job description of the prospective job to a copy of the completed *Physical Requirements of Position/Occupational Title* form prior to sending them to a medical specialist. You must submit the resulting medical report and other required documents to CalPERS. The *Physician's Report on Disability* form is not required.

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Title

( )  
Phone Number

\_\_\_\_\_  
CalPERS Business Partner ID

\_\_\_\_\_  
Signature of Member

( )  
Phone Number

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Mail to:**

**CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796**



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**California Public Employees' Retirement System**

400 Q Street  
P.O. Box 942701  
Sacramento, CA 94229-2701

**888 CalPERS (or 888-225-7377)**

**[www.calpers.ca.gov](http://www.calpers.ca.gov)**

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