



A Guide to CalPERS

# Reinstatement From Retirement

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## TABLE OF CONTENTS

<b>What You Should Know Before Reinstating</b> . . . . .	3
Reinstatement From Retirement. . . . .	3
How Reinstatement Affects Subsequent Retirement. . . . .	4
Reinstatement From Service Retirement . . . . .	5
Reinstatement From Disability or Industrial Disability Retirement. . . . .	6
Important Information for State and CSU Retirees . . . . .	7
<b>When You Retire Again</b> . . . . .	8
Calculating Your New Retirement Allowance . . . . .	9
<b>Become a More Informed Member</b> . . . . .	12
CalPERS On-Line. . . . .	12
myCalPERS. . . . .	12
CalPERS Education Center . . . . .	12
Connect With Us Through Social Media . . . . .	12
Reach Us by Phone . . . . .	12
Visit Your Nearest CalPERS Regional Office. . . . .	13
<b>Information Practices Statement</b> . . . . .	14
<b>Forms</b>	
<i>Reinstatement From Service Retirement Application Form.</i> . . . . .	15
<i>Reinstatement From Disability/Industrial Disability Retirement Application Form.</i> . . . . .	17
<i>Authorization to Disclose Protected Health Information Form.</i> . . . . .	19
<i>Physical Requirements of Position/Occupational Title Form.</i> . . . . .	21



## WHAT YOU SHOULD KNOW BEFORE REINSTATING

### Reinstatement From Retirement

After you have retired, you may decide to return to active employment with a CalPERS employer to earn additional service credit toward a subsequent retirement. This process, known as reinstatement from retirement, is described in this publication. If you are reinstating from service retirement, you must have a firm start date or hire date from a CalPERS employer and submit the *Reinstatement From Service Retirement Application*. If you are reinstating from disability or industrial disability retirement, you must submit the *Reinstatement From Disability/Industrial Disability Retirement Application* and be approved for reinstatement before you may return to work.

When you reinstate into active employment with a CalPERS employer, you stop receiving a retirement benefit allowance. You resume active member status and earn additional service credit from the new employment toward a subsequent retirement.

California retirement law governs the type of employment you may have with a CalPERS agency after you have retired. You must reinstate from retirement before you go back to work in a permanent position with an employer covered by CalPERS.

Reinstatement from CalPERS retirement terminates the concurrent retirement you have with any reciprocal or non-reciprocal system(s). If the other systems' salaries were used in the calculation of your concurrent retirement, those salaries cannot be used in your subsequent retirement from CalPERS. Your subsequent retirement from CalPERS will be based solely on your CalPERS salaries.

You must reinstate from CalPERS retirement only to a position with a CalPERS employer. There is no provision in the retirement law for your CalPERS retirement to be suspended while you reinstate to active employment with an employer under a different California public employee retirement system.

Before you make the decision to reinstate, we **highly recommend** that you read this entire publication. Consult with your prospective employer's human resources or personnel office to determine your specific benefits as a retiree of your prospective employer. CalPERS staff are also available to answer questions at toll free **888 CalPERS** (or **888-225-7377**).

Please see the CalPERS publication ***Employment After Retirement*** for more information about working after retirement without reinstatement.

## How Reinstatement Affects Subsequent Retirement

### Loss of Previous Retirement Benefits

Please be aware that your new retirement may not include the same benefits you had with your previous retirement. You should discuss with your prospective employer the benefits you will receive when you retire again.

The following retirement benefits will change or be lost by reinstatement:

- Retiree medical coverage; you will need to enroll as an active employee in a Basic health plan with your new employer or obtain other health coverage.
- “Golden Handshake” additional service credit, which is permanently lost by reinstatement.
- Temporary annuity payments, which will stop at reinstatement.
- The annual cost-of-living allowance (COLA) increase, which will begin in the second calendar year after re-retirement.
- The Purchasing Power Protection Allowance, which is a special payment to those retirees whose purchasing power has dipped below threshold levels established by law. You may lose eligibility for this benefit at re-retirement.

**Note:** Consult with your former and prospective employer and CalPERS regarding the possible impact to your future retirement if you reinstate.

### New Member

If you became a member prior to January 1, 2013, and are reinstating from retirement more than six months from your retirement effective date with a different employer, you are subject to the retirement formula in place on January 1, 2013, for any service credit earned after that date. This does not apply if you reinstate from retirement with the same employer.

**Note:** All State departments, including California State Universities (CSU), are considered the same State employer. All school county offices and districts are considered the same employer.

### Sick Leave Service Credit From Previous Retirement

#### *State Agency*

If you are reinstating within six months of your retirement date, your unused sick leave will be restored to your active employee balance if you return to State employment. Any sick leave service credited to your retirement account will be removed.

If your reinstatement is more than six months after your retirement date, any sick leave service included in your retirement allowance will remain in your retirement account to be included in your benefit calculation when you retire again in the future.

### Caution

Reinstatement and subsequent re-retirement may result in a loss of medical coverage and adversely impact other benefits from the prior retirement (e.g., reciprocity or Golden Handshake).

Consult with your former and prospective employer and CalPERS regarding the possible impact to your future retirement if you reinstate.

### *School or Public Agency*

If you are a State agency retiree and you are reinstating with a school or public agency, your sick leave service credit will remain in your retirement account.

If you are a school or public agency retiree and you are reinstating with a school or public agency, your sick leave service credit will remain in your retirement account. However, if your employer will be restoring your unused sick leave balance to your active employee account, they must notify CalPERS immediately so the sick leave service credit can be removed from your retirement account.

### *Re-Retirement After Reinstatement*

If you are reinstating to take advantage of an improved retirement formula for previous service, there may be restrictions for having that previous service credit calculated with the improved formula upon re-retirement. For information concerning your retirement formula benefits when you re-retire, contact your human resources or personnel representative.

If you re-retire on or after January 1, 2014, you may be eligible to receive health benefits from the employer you **first** retired from. See the section “When You Retire Again” in this publication for details on allowance calculation and health benefits coverage.

### **Avoiding an Overpayment of Retirement Allowance Due to Reinstatement**

You can avoid incurring an overpayment of retirement allowance due to reinstatement to active employment by submitting your *Reinstatement From Service Retirement Application* or *Reinstatement From Disability/Industrial Disability Retirement Application* before you begin active employment with a CalPERS employer. If you do not, you will be required to reimburse CalPERS the total amount of retirement allowance you receive during the same period for which you receive salary or wages.

### **Reinstatement From Service Retirement**

You cannot reinstate from retirement before you have been hired by a CalPERS employer. You must have a firm start date or hire date from the CalPERS employer in order to voluntarily reinstate from service retirement into active employment.

Follow the instructions below to complete and submit the *Reinstatement From Service Retirement Application* form located in this publication.

- Complete Sections 1 and 3.
- Ask your employer to complete Section 2 (your employer’s personnel office can assist).
- Send the completed application to:

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

Please see the CalPERS publication **Employment After Retirement** for more information about working after retirement without reinstatement.

To reinstate from disability/industrial disability retirement, you must submit:

- **Reinstatement From Disability/Industrial Disability Retirement Application** form
- **Physical Requirements of Position/Occupational Title** form
- Position duty statement
- **Authorization to Disclose Protected Health Information** form
- Medical report(s)

Once CalPERS receives your completed reinstatement application, we will notify you in writing verifying the dates your retirement ends and your reinstatement starts.

## Reinstatement From Disability or Industrial Disability Retirement

If you are a disability or industrial disability retiree and wish to reinstate to an active position with a CalPERS-covered employer, follow the instructions below to complete and submit the required documents to CalPERS (forms are located in this publication).

### *Reinstatement From Disability/Industrial Disability Retirement Application* form.

- Complete Section 1.
- Complete Section 2 **only** if you are an industrial disability retiree and you wish to reinstate to a permanent miscellaneous position with a CalPERS-covered employer. (See “Re-retirement Under Government Code Section 21197” for more information.)
- Have your prospective employer complete Section 3, stating their “intent to hire” you upon CalPERS approval. (If you are a State of California or CSU retiree who is requesting to reinstate to the same job held at retirement, you do not need to complete this section.)

### *Physical Requirements of Position/Occupation Title* form

- You and your prospective employer complete all sections jointly.

### Position Duty Statement

- Obtain from your prospective employer and submit to CalPERS a position duty statement that describes your duties once you reinstate.

### *Authorization to Disclose Protected Health Information* form

- Complete all sections.

### Current Medical Report(s)

- Schedule an appointment with a specialist for your disabling condition(s) that precluded you from working.
- Provide the specialist with a copy of the position duty statement and the completed *Physical Requirements of Position/Occupational Title* form.
- Obtain a current medical report from that 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 on appropriate letterhead:



- Patient name and the date of the most recent examination
- Confirmation that the specialist reviewed and discussed with the patient the position duty statement (by title) and the *Physical Requirements of Position/Occupational Title* form
- A statement as to whether or not any limitations or restrictions exist that would keep patient from performing all tasks involved
- An identification of any such restrictions or limitations, including specific details about the restrictions
- The specialist’s signature, printed name, medical specialty, and contact information

In order for CalPERS to begin the determination process, you must submit all required documents with your request form. There are times when CalPERS may require additional information and/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.

### **CalPERS Must Approve Your Reinstatement Before You Begin Working**

The process for reinstatement from disability or industrial disability retirement can take from three to six months. You should 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. Once CalPERS approves your reinstatement and receives a hire date, your retirement allowance ceases to be payable on the date of re-employment. When you decide to re-retire, you must submit an application for retirement stating your new retirement date.

### **Local Safety Members**

If you retired for disability or industrial disability from a public agency local safety position, **and you are requesting reinstatement to any public agency local safety position**, you must submit your initial application for reinstatement to the agency from which you retired. That agency will determine your eligibility for reinstatement.

### **Important Information for State and CSU Retirees**

If you are a State of California or California State University disability retiree, you have various reinstatement options. Refer to the information in the “Reinstatement From Disability or Industrial Disability Retirement” section of this publication. If your disability is determined to be no longer incapacitating for duty in the position you held at the time of retirement, you can reinstate to that position. Alternatively, you can reinstate to another position in the same classification. However, if you opt for the alternative and reinstate into any position in the same classification other than the position from which you retired, you will forfeit all reinstatement rights to the position you held at the time of retirement.

If you are a retired public agency or school member returning to employment with a public agency or school employer, CalPERS will base your retirement formula on the employer's contract.

### **Example**

Mr. Smith is retired because of a disability from his position as an Office Assistant with Department A. Thereafter, his condition improves and he is determined to be no longer incapacitated for duty as an Office Assistant with Department A. Mr. Smith may reinstate to his position as an Office Assistant with Department A. Alternatively, Mr. Smith may reinstate into a vacant Office Assistant position with Department B. If he reinstates into an Office Assistant position with Department B, he will thereafter forfeit any right to reinstatement as an Office Assistant with Department A.

## **WHEN YOU RETIRE AGAIN**

### **Service Retirement**

To apply for service retirement after reinstatement, refer to the publication *A Guide to Completing Your CalPERS Service Retirement Election Application*.

### **Disability or Industrial Disability Retirement**

If you become unable to perform your current job duties due to illness or injury that is expected to be permanent or last longer than six months, refer to the publication *A Guide to Completing Your CalPERS Disability Retirement Election Application*.

### **Re-retirement Under Government Code Section 21197**

If you are re-retiring under Government Code Section 21197, you must:

- Submit a new *Disability Retirement Election Application*;
- Write on the application, "Retiring Under Government Code Section 21197"; and
- Call CalPERS toll free at **888 CalPERS** (or **888-225-7377**) to advise us you are re-retiring under Government Code Section 21197.

Government Code Section 21197 does not require medical and vocational information to resume your retirement.

If you re-retire under Government Code Section 21197, CalPERS will recalculate your retirement allowance using the same benefit formula for industrial disability and adding an annuity for the additional time you worked after reinstatement. If you are eligible for service retirement after the miscellaneous employment, you may receive whatever allowance is greater, but you will retain the industrial disability retirement classification (Government Code Sections 21197 and 21200).

## Health Benefits Options

If you re-retire on or after January 1, 2014, you may be eligible to receive health benefits from the employer you **first** retired from if you meet the following criteria:

- You were eligible for retiree health coverage prior to reinstatement from retirement;
- You retired a second time within 120 days of separation;
- The post-retirement employer contribution from your first employer is higher than the second employer; and
- The request is initiated within 60 days of the second retirement or during Open Enrollment.

Please submit a letter or call CalPERS at **888 CalPERS** (or **888-225-7377**) to notify us that you would like to receive health benefits from the employer you first retired from.

## Calculating Your New Retirement Allowance

When you retire again after reinstatement, CalPERS uses several factors, including final compensation and service credit, to calculate your new retirement benefit allowance. Final compensation is your highest average monthly pay rate for 12 or 36 consecutive months of your employment, depending upon your employer's contract with CalPERS. myCalPERS automatically finds and uses the highest compensation period during your employment with CalPERS.

If you are reinstating from retirement more than six months from your retirement effective date with a new employer on or after January 1, 2013, and you are coordinated with Social Security, there is a cap on the compensation used to calculate your benefit equal to the Social Security wage base, or \$115,064 in 2014. If you are not coordinated with Social Security, the cap on the compensation used to calculate your benefit is equal to 120 percent of the Social Security wage base, or \$138,077 in 2014. The actual compensation cap depends on the year of retirement and is adjusted annually based on the Consumer Price Index for All Urban Consumers.

If you reinstate to the same employer and your new employment period is less than your employer's normal final compensation period, your final compensation will be based partly on your pay rate before your previous retirement.

For example, if your employer has a three-year final compensation period and you worked for two years after reinstatement, CalPERS will add one year of your previous pay rate to complete the three-year final compensation period.

If you became a member prior to January 1, 2013, and are reinstating from retirement more than six months from your retirement effective date with

All State departments, including California State Universities, are considered the same State employer. All school county offices and districts are considered the same employer.

a different employer, you are subject to the retirement formula in place on January 1, 2013, for any service credit earned after that date. This does not apply if you reinstate from retirement with the same employer.

For example, if your new employer has a three-year final compensation period and you worked for two years after reinstatement, CalPERS will extend your earliest salary to complete the three-year final compensation period. This final compensation will be used to calculate the retirement benefit on your new service only.

**If you have earned less than one year of service credit after reinstatement,** CalPERS will calculate your new retirement allowance using the service credit earned during this period, your age at re-retirement, your final compensation after reinstatement, and your allowance prior to reinstatement.

The following example illustrates how CalPERS will calculate your new allowance if you are a State agency retiree returning to a State agency under the 2% at 55 formula.

Service credit after reinstatement	=	0.5 years
Benefit factor for new retirement age (65)	=	2.500
Final compensation	=	\$2,200
Allowance prior to reinstatement	=	\$500

**Step 1**

0.5	service credit after reinstatement
<u>x 2.50%</u>	<u>benefit factor for new retirement age</u>
1.25%	percent of final compensation

**Step 2**

1.25%	percent of final compensation
<u>x \$2,200.00</u>	<u>final compensation</u>
\$27.50	allowance on new service

**Step 3**

\$27.50	allowance on new service
<u>+ \$500.00</u>	<u>allowance on old service</u>
\$527.50	total new allowance

**If you have earned one year or more of service credit after reinstatement,** CalPERS will calculate your new allowance using your service credit for your employment both before and after reinstatement based on the following:

- Each employer’s contract with CalPERS
- The benefit factor for your new retirement age
- Your “determined age” (your age at re-retirement, minus the number of months and years you were retired)
- Your final compensation

The following example illustrates how CalPERS would calculate your new allowance if you are a State agency retiree returning to a State agency under the 2% at 55 formula.

Service credit after reinstatement	=	4,200 years
Benefit factor for new retirement age (65)	=	2,500
Final compensation	=	\$2,200
Service credit for prior retirement	=	9 years
Length of retirement	=	6 years
Benefit factor for determined age (65 – 6 = 59)	=	2,250

**Step 1**

4.20	service credit after reinstatement
x 2.50%	<u>benefit factor for new retirement age</u>
10.50%	percent of final compensation

**Step 2**

10.50%	percent of final compensation
x \$2,200.00	<u>final compensation</u>
\$231.00	allowance on new service

**Step 3**

9.00	service credit for prior retirement
x 2.25%	<u>benefit factor for determined age</u>
20.25%	percent of final compensation on old service

**Step 4**

20.25%	percent of final compensation
x \$2,200.00	<u>final compensation</u>
\$445.50	allowance on old service

**Step 5**

\$445.50	allowance on old service
+ \$231.00	<u>allowance on new service</u>
\$676.50	total new allowance

**Your eligibility for the annual cost-of-living increase (COLA) and the Purchasing Power Protection Allowance will be determined by and based on your re-retirement date and new re-retirement benefits.**

## BECOME A MORE INFORMED MEMBER

### CalPERS On-Line

Visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) for information on all our benefits and services.

### 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.
- View and update your contact information.
- Select mailing preferences for your statements and newsletters.
- Confirm which dependents are covered on your health plan and what health plans are available in your area.
- Estimate your future retirement benefit and save the estimates to view later.
- Send and receive secure messages.
- Order and download free publications.
- Send account information to third parties, such as banks.
- Search for medical premium rates.
- Apply for service retirement.
- Change your beneficiary designation.

### 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 make important decisions about your CalPERS benefits and your future.
- Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.
- Schedule a one-on-one appointment with a representative at your nearest CalPERS Regional Office.

### Connect With Us Through Social Media

Follow us on Twitter: [www.twitter.com/CalPERS](http://www.twitter.com/CalPERS)

Like us on Facebook: [www.facebook.com/myCalPERS](http://www.facebook.com/myCalPERS)

Follow us on Google+: [www.calpers.ca.gov/googleplus](http://www.calpers.ca.gov/googleplus)

View videos on YouTube: [www.youtube.com/CalPERSNetwork](http://www.youtube.com/CalPERSNetwork)

### 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 E1820  
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.

## INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act of 1974 require the California Public Employees' Retirement System (CalPERS) to provide the following information to individuals who are asked to supply information to CalPERS. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' 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 supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to entities including, but not limited to, State and public agency employers, State Attorney General, Office of the State Controller, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, county district attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who perform services on behalf of CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning CalPERS information practices, please contact the Information Practices Act Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

*While reading this material, remember that we are 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 CalPERS.*





# Reinstatement From Service Retirement Application

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

Do not use this application if you are retired on a disability or industrial disability retirement. Instead, use the Reinstatement From Disability/Industrial Disability Retirement Application provided in this publication.

## Section 1

### Member Information

Please provide your full name including middle initial. Display all dates in this order: Month/Day/Year.

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birthdate (mm/dd/yyyy)	( ) ( ) ( ) Daytime Phone	( ) ( ) ( ) Evening Phone	
Address			
City		State	ZIP

## Section 2

### Employer Information and Certification

Must be completed by a human resources or personnel representative.

Date of Employment (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

### Member Signature and Certification

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

Signature of Member	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

If you are reinstating from service retirement, do not use this form. Refer to the Reinstatement From Service Retirement Application in this publication.

## Section 1

### Member Certification

Completing this form is a formal request to reinstate into active membership with a CalPERS-covered employer.

Name of Member (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Address

City State ZIP

I request reinstatement into active CalPERS membership with the following employer, in the following position. I understand that reinstatement can change the benefits I receive now and the benefits I am entitled to in the future.

Name of Employer Job Title Hire Date (proposed) (mm/dd/yyyy)

Signature of Member Date (mm/dd/yyyy) Phone

## Section 2

### 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 Disability or Industrial Disability Retirement" section of this publication and understand the requirements of this provision.

## Section 3

### Employer Certification

Complete this section if employee will reinstate to a different position from the one held at retirement. Please attach a duty statement.

It is our intent to hire for the following:

Name of Employer Job Title

CalPERS Business Partner ID

Name of Member

Authorized 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

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# 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)

Mail to:

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

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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 Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ 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 Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ 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**



**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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