

Retired Annuitant Receiving Disability Retirement Benefits Self-Certification

This form must be completed by a retiree who is currently receiving disability retirement benefits and working as a retired annuitant for a CalPERS employer.

Section 1: Retired Annuitant Information

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

Social Security Number or CalPERS ID

Retired Annuitant Position/Occupational Title

Start Date in Retired Annuitant Position (mm/dd/yyyy)

Name of Employer

Section 2: Self-Certification Questions and Supporting Documentation

Government Code section 21233 prohibits a disability retiree from being employed without reinstatement from retirement if the position is either of the following: (1) the position from which the person retired; or (2) a position that includes duties or activities that the person was restricted from performing at the time of their disability retirement.

To assist us in determining whether you are lawfully employed, please answer the following self-certification questions:

1. Are you currently working in a retired annuitant position that is the same position from which you retired?
 Yes No
2. Are you currently working in a retired annuitant position that includes duties and activities you were restricted from performing at the time of your disability retirement?
 Yes No

Please provide a copy of your job duty statement and a *Physical Requirements of Position/Occupational Title* form completed with your employer for your retired annuitant position.

For local safety retirees, please provide additional documents including: the medical report used when you were approved for disability retirement which includes your work restrictions, and the job duty statement for the position you held when you became disabled.

Your employer may be contacted to verify the nature of your employment and the duties and activities you are required to perform (Government Code section 21233).

Section 3: Signature of Retired Annuitant

I declare under penalty of perjury that the information I have provided on this form is true and complete.

Signature of Retired Annuitant

Phone Number

Date (mm/dd/yyyy)

Mail to: CalPERS Disability & Survivor Benefits Division, P.O. Box 2796, Sacramento, CA 95812-2796

Privacy Notice

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

Information Purpose

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

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected 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, write to:

CalPERS

CalPERS Privacy Officer
400 Q Street, Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).