



Report of Separation and Advance Payroll Information

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

Employer: Please complete this form as soon as possible and return to CalPERS.

Section 1

Employing Agency and Member Information

Your cooperation in immediately providing an advance estimate of the requested information is critical for us to make accurate payment at the earliest possible date.

Name of Employing Agency

This member has applied for disability retirement.

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

Social Security Number or CalPERS ID

Requested Retirement Date (mm/dd/yyyy)

Section 2

Effective Separation or Termination Dates

Last day on pay status will be upon expiration of accrued sick leave or compensated time off.

Last Day on Pay Status (mm/dd/yyyy)

Separation Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Leave of Absence With Compensation

Beginning Date (mm/dd/yyyy)

Ending Date (mm/dd/yyyy)

Type of Compensation

A termination date is the date an employee is terminated from CalPERS-covered employment "for cause"; use only when applicable.

Explain the difference between the date of separation and last day on pay status, if any.

Section 3

Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer

Title

Date (mm/dd/yyyy)

Phone Number

Mail to:

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

Privacy Notice

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

Information Purpose

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

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).