Workers' Compensation Carrier Request

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

Section 1

Member Information

You must complete the front side of this form, sign, date and forward to your workers' compensation insurance carrier.

If you have filed a workers' compensation claim for the illness or injury directly related to the application for disability or industrial disability retirement, this *Workers' Compensation Carrier Request* form (reverse side) must be completed by your employer's workers' compensation insurance carrier.

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

Employer Name

Claim Number 1 | Date (mm/dd/yyyy) | Body Part(s)

Claim Number 2 | Date (mm/dd/yyyy) | Body Part(s)

Claim Number 3 | Date (mm/dd/yyyy) | Body Part(s)

Claim Number 4 | Date (mm/dd/yyyy) | Body Part(s)

Section 2

Authorization to Release Information

Send this form directly to your workers' compensation insurance carrier. They will complete the reverse side of this form and send the requested information to CalPERS.

I have submitted an application for disability or industrial disability retirement with the California Public Employees' Retirement System (CalPERS). You are hereby authorized to furnish CalPERS, or its representative, any and all information, including photocopies of records in your possession, which CalPERS requires solely to assist in determining my physical or mental condition, illness, or disability. The purpose of this authorization is to assist CalPERS in determining my right to retirement or reinstatement under the Retirement Law pursuant to Government Code section 20128, and no other purpose. This authorization shall be valid for four years from the date shown below. A photographic copy of this authorization shall be as valid as the original.

Signature of Member | Date (mm/dd/yyyy

This form continues on the back.

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | **Social Security Number or CalPERS ID**

Section 3 — To Be Completed By Workers' Compensation Insurance Carrier

Your help is needed in the evaluation of my eligibility for disability or industrial disability retirement.

Be sure to send CalPERS a copy of all medical reports for the claim number(s) listed. Include job descriptions/ job analyses, depositions, investigation reports, videotapes, and approved orders from the Workers' Compensation Appeals Board.

Claim Number 1 | WCAB Number | Date of Injury (mm/dd/yyyy)

Body Part(s) | ☐ No ☐ Yes Liability Accepted | ☐ No ☐ Yes Condition P&S

Claim Number 2 | WCAB Number | Date of Injury (mm/dd/yyyy)

Body Part(s) | ☐ No ☐ Yes Liability Accepted | ☐ No ☐ Yes Condition P&S

Claim Number 3 | WCAB Number | Date of Injury (mm/dd/yyyy)

Body Part(s) | ☐ No ☐ Yes Liability Accepted | ☐ No ☐ Yes Condition P&S

Claim Number 4 | WCAB Number | Date of Injury (mm/dd/yyyy)

Body Part(s) | ☐ No ☐ Yes Liability Accepted | ☐ No ☐ Yes Condition P&S

If liability is not accepted, provide reason (Reference Claim Number) _____

If condition is not permanent and stationary, what is estimated time period or date? (Reference Claim Number)

Has settlement occurred? ☐ Yes ☐ No

If Yes, ☐ Stipulated Award _____ % Claim Number(s) _____

☐ C&R $ _____ Claim Number(s) _____

☐ F&A _____ % Claim Number(s) _____

Is there a possibility of third party liability? ☐ Yes ☐ No

Are you in the process of, or have you completed any investigations? ☐ Yes ☐ No If Yes, provide copies.

Are further exams scheduled? ☐ Yes ☐ No

Name of Doctor | Specialty | Appointment Date

☐ AME ☐ QME ☐ Treating Physician ☐ Other _____

Please use additional sheets to supply any additional background, information, or comments.

Name of Doctor | Specialty | Appointment Date

☐ AME ☐ QME ☐ Treating Physician ☐ Other _____

Section 4 — Signature of Workers' Compensation Insurance Carrier

Signature of Workers' Compensation Representative | Date (mm/dd/yyyy)

Print Workers' Compensation Representative's Name | ( ) Phone Number

Mail to: **CalPERS Disability & Survivor Benefits Division** • P.O. Box 2796, Sacramento, California 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 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).