

## Active Employment Certification Form

This form must be completed to defer distribution of your California Public Employees' Retirement System (CalPERS) accumulated member contributions and earned interest in compliance with California Government Code Section 20731(b)(1)(B).

Please complete and return this form to CalPERS immediately to prevent distribution of your funds. Refer to the Required Minimum Distribution (RMD) information and list of Qualifying Public Retirement Systems available at [www.calpers.ca.gov](http://www.calpers.ca.gov) for additional information.

**CalPERS Member Account Management Division**  
P.O. Box 942704, Sacramento, California 94229-2704  
**888 CalPERS** (or 888-225-7377)  
TTY: (877) 249-7442  
Fax: (800) 959-6545  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

### Section 1: Participant Certification

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Participant Name (First Name, Middle Name, Last Name, Suffix)

Participant CalPERS ID

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Telephone

Email

- My CalPERS contribution and earned interest are not required to be distributed because I am currently employed and contributing to another publicly funded California Retirement System.

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Name of Current Employer

- I understand that, if I do not respond within the timeframe noted of my notification letter, a refund of my contributions will be processed, and payment will either be mailed to my address on file or placed in our non-interest-bearing account until I contact CalPERS. Taxes will be deducted from the refund and paid to the Internal Revenue Service and Franchise Tax Board, and a Form 1099-R will be issued at the end of the tax year.
- I must notify CalPERS and withdraw my contributions and earned interest or concurrently retire when I terminate employment.

I certify, under penalty of perjury, that to the best of my knowledge and belief the statements stated in Section 1 are true and correct. I understand I must meet the requirements under California law. I understand it is my responsibility to ensure this form is certified and received by CalPERS, either by mail at the address noted on this form, or electronically by email to [MAMD.Refund.Unit.Requests@calpers.ca.gov](mailto:MAMD.Refund.Unit.Requests@calpers.ca.gov).

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Participant Signature

Date (mm/dd/yyyy)

## Section 2: Retirement System Certification

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**Instructions:** This section needs to be completed by the participant's current retirement system. CalPERS will accept an email from the participant's employer/reciprocal retirement system in lieu of original signatures. Emails must be submitted to [MAMD Refund Unit Requests@calpers.ca.gov](mailto:MAMD_Refund_Unit_Requests@calpers.ca.gov).

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**Retirement System**

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**Employer Under this Retirement System**

**Is the employee currently a member of your retirement system?**

☐ No    ☐ Yes (If yes, complete the following)

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**Membership Date (mm/dd/yyyy)**

**Did the member have contributions on deposit?**

☐ No    ☐ Yes

**Is the member retired/retiring?**

☐ No    ☐ Yes

**Statement and Signature of Retirement System Representative**

**I hereby certify that the information in Section 2 is true and correct. I understand this form provides CalPERS with the information required to determine eligibility.**

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**Signature of Retirement System Representative**

**Date**

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**Printed Name of Retirement System Representative**

**Telephone Number**

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**Title**

**Email**

If you have any questions regarding the CalPERS mandatory distribution process, please contact us at **888 CalPERS** (or **888-225-7377**) or refer to the Mandatory Distribution Instructions which are available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

# CalPERS Privacy Notice

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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 either on a mandatory or 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 CalPERS. 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).