



### 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. Please refer to the Mandatory Distribution Information and List of California Retirement System Employers available at [www.calpers.ca.gov](http://www.calpers.ca.gov) for additional information.

#### **Section 1: Participant Certification**

Participant Name: \_\_\_\_\_ Participant CalPERS ID: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
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 above statements 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 above, or electronically by email to [MAMD\\_Refund\\_Unit\\_Requests@calpers.ca.gov](mailto:MAMD_Refund_Unit_Requests@calpers.ca.gov).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section 2: Retirement System Certification**

(To be completed by 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))

Retirement System: \_\_\_\_\_

Employer Under this System: \_\_\_\_\_

Is the employee currently a member of your retirement system?

No Yes (If yes, complete below)

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 above information is true and correct. I understand this form provides CalPERS with the information required to determine eligibility.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
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).**

# 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**).