



Pre-Retirement Survivor Benefits:  
For Survivors

PUB 56

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## INTRODUCTION

It is a sad and difficult time whenever a family member passes away. While there is no way to replace or adequately compensate for the loss of a loved one, you will be comforted in knowing that relatives and beneficiaries of deceased CalPERS payees may be entitled to survivor benefits.

This publication contains information about the types of CalPERS survivor benefits that may be payable and who is entitled to receive the benefits after the death of a CalPERS payee.

Please take a few moments to review the information in this publication and the accompanying cover letter to determine what type of CalPERS survivor benefits to which you or a family member may be entitled.

In order to receive survivor benefits, you must apply. Once CalPERS receives a completed application along with all the required supporting documents, such as a death certificate and tax forms, we will process the application.

If your application is approved, payment of eligible benefits usually begins within 45 days after we receive your application and all the supporting documents.

### **Need Help?**

If you have additional questions about CalPERS survivor benefits or need assistance with filling out the application forms, please visit the CalPERS website at **[www.calpers.ca.gov](http://www.calpers.ca.gov)** or call CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

### Domestic Partner

A legally recognized domestic partner has the same legal rights and duties as a spouse under California law. That means a domestic partner of a CalPERS member has the same right to a CalPERS benefit as a spouse of a member.

## ONE-TIME BENEFIT PAYABLE

### Prorated Allowance

A CalPERS beneficiary's monthly benefit payment stops on the date of their death. A final payment will be made, which is prorated for the number of days the beneficiary lived during the month of death.

For example, if the date of death is May 25, the prorated allowance will be  $\frac{25}{31}$  of the **monthly retirement benefit** payable on June 1.

You can refer to the payee's last benefit warrant to determine the amount of their monthly retirement benefit.

## DETERMINING BENEFICIARY STATUS

This one-time prorated benefit is payable to the individual designated on the deceased payee's *Beneficiary Designation* form. If there is no *Beneficiary Designation* form on file, we will make a statutory determination of a beneficiary.

Without a designation, the benefit is payable to the probated estate. If the estate will not require probate, but there is a trust, the benefit may be paid to the trust. If there is no probated estate and there is no trust, under the California Retirement law the prorated allowance is then payable as follows:

1. Spouse or domestic partner legally recognized in California, or if none,
2. Children (including adopted children), or if none,
3. Parents, or if none,
4. Brothers and sisters, or if none,
5. Stepchildren, or if none,
6. Grandchildren, including step-grandchildren, or if none,
7. Nieces and nephews, or if none,
8. Great-grandchildren, or if none,
9. Cousins.

If no beneficiary can be located, the benefit may be claimed by the person who paid the funeral expenses.

### **Beneficiary**

A person designated to receive a benefit after the death of a member or other benefit recipient.

## APPLYING FOR BENEFITS

The person entitled to the benefits should complete the *Application for Retired Member/Payee Survivor Benefits* form.

### Returning Warrants Issued After Death

All benefit warrants issued to a retiree after their death must be returned to CalPERS.

Do not return warrants to the State Controller's Office or write "void" on them. The warrants must be returned to CalPERS. If the warrants were cashed, submit a personal check or money order made payable to CalPERS. If the benefit warrants were deposited directly into a bank account, you should contact the bank first to ensure that they have not already returned the payments to CalPERS at our request. (You will receive a copy of this request letter if we notify the bank to return funds.) The reimbursement payment should be identified as "Death Overpayment" and include the member's name and Social Security number or CalPERS ID. Payment should be returned with the completed application and other applicable forms described in this publication.

### Submitting the Application

If applying for survivor benefits online, refer to the instructions within the online application process. This can be accessed through the CalPERS emailed link that is provided by either calling CalPERS or when reporting the death online.

If applying for survivor benefits via mail or fax, you must complete the following forms (step-by-step instructions for each form are included in this publication):

- *Application for Retired Member/Payee Survivor Benefits* (required)
- *Tax Withholding Election* (required for monthly and/or prorated allowance)

#### Label All Forms

Be sure to include the deceased's Social Security number or CalPERS ID on all forms, documents, and checks submitted to CalPERS.

#### CalPERS ID

If you do not know the CalPERS ID (a 10-digit identification number) of the deceased, please use their Social Security number. You do not need to contact CalPERS.



## Additional Documents Required

A photocopy of the death certificate should be submitted with your application.

When there is no designated beneficiary, and payment of benefits will be made statutorily, you must submit photocopies of the following documents with your claim:

- If you are a spouse or legal domestic partner of a deceased payee, a copy of your marriage or partnership certificate is needed, along with your certification on the application that you were still married to or in a domestic partnership with the payee at the time of death.
- If a claim is being made by or for a child of the payee, a copy of the child's birth certificate or adoption papers may be required.
- If a claim is being made by the estate, Letters Testamentary, Letters of Administration, or other documentation from the Probate Court will be needed to show that the estate is subject to probate and that a personal representative, executor, or administrator has been appointed. If the estate is a designated beneficiary but is not subject to probate, a copy of the member's Last Will and Testament is required.
- If the claim is being made by the trustee of a trust, a *Certification of Trust* form is required.

Please send photocopies of documents only. Do not send originals as they will be destroyed.

### Document Alternatives

If you are unable to obtain a birth certificate, CalPERS may accept a passport, baptismal record, or school record indicating the child's age and the parents' names. If you are unable to obtain a birth certificate, divorce decree, or death certificate for anyone but the deceased payee, explain in writing why the documents cannot be obtained. Include a sworn statement describing, under penalty of perjury, what you are trying to prove. Supporting statements from other family members are helpful.

### Label All Documents

Please clearly write the deceased's name and Social Security number or CalPERS ID (a 10-digit identification number) on the top right-hand corner of each photocopied document.

### Important!

Be sure to include a photocopy of the **death certificate** with your application.

### Send Photocopies, Not Original Documents

CalPERS cannot return original documents. If you send originals, they will be destroyed. Please only send photocopies of the documents.

### **Payee's Spouse or Children**

Be sure to provide as much information as possible about the payee's spouse or children. Indicate "don't know" if you cannot answer a question.

### **Questions?**

If you have questions or need assistance with filling out your application, please call the us toll free at **888 CalPERS** (or **888-225-7377**) Monday through Friday, 8 a.m. to 5 p.m. Or, you can call during non-business hours and leave a message.

## **FILLING OUT THE APPLICATION**

### **Application for Retired Member/Payee Survivor Benefits**

Read the instructions and questions carefully before completing the application. Any information you provide should be based on personal knowledge. The information provided will help us determine who is entitled to the benefits. If there is not enough space to enter all the names and addresses for the identified next of kin in a section, attach a separate sheet of paper or use pages 8 and 9 of the form. Be sure to clearly write the deceased's Social Security number or CalPERS ID and name on any attachments.

### **Signature Section**

Complete the Signature Section with your personal information and provide your Social Security or taxpayer identification number. You must have a U.S. Social Security Number (SSN) or IRS-assigned Individual Taxpayer Identification Number (ITIN) before we can make payment to you. For an estate or trust, enter the estate's, or trust's, Employer Identification Number instead of the Social Security number if claiming benefits as the executor or trustee.

**Your signature on this document is made under penalty of perjury under the laws of the State of California.**

### **Information About the Deceased Member's Estate/Trust (Section 1)**

Complete Section 1 to provide information regarding the estate and/or trust of the deceased.

### **Information About the Spouse or Domestic Partner (Section 2)**

Complete Section 2 to provide information regarding the deceased's marital status. If there is a spouse or domestic partner, provide their contact information, including the date of marriage/domestic partnership. If there is no spouse or domestic partner, provide reason, and if applicable date of death or divorce for the last spouse/domestic partner.

### **Information About the Deceased Member's Children (Section 3)**

Section 3 asks about the deceased's surviving natural or adopted children. If the deceased was survived by children, enter total number and provide contact information for children on pages 4 and 5. If the deceased was not survived by any children, select appropriate reason.

**Only continue to Section 4 if you answered "No" in sections 1 to 3.**

**Information About the Deceased Member's Parents (Section 4)**

Complete Section 4 to provide information about the deceased's parents.

Only continue to Section 5 if there is no surviving parent(s).

**Other Next of Kin (Section 5)**

Complete Section 5 to provide information on the deceased's next of kin. The questions should be answered in order. If you answer "Yes" to any of these questions, provide the name, address, and any other requested information on pages 8 and 9.

If you answered "No" to all next-of-kin questions, complete the funeral expenses information on the bottom portion of page 7.

### **Employer Identification Number Required for Estates and Trusts**

If the probated estate or trust does not have an Employer Identification Number (EIN), you can obtain one instantly (and free) at [www.irs.gov](http://www.irs.gov). Complete Form SS-4 online and the number will be provided instantly. Or call the IRS at (800) 829-4933.

### **Obtaining an Individual Taxpayer Identification Number**

You can obtain Form W-7 at [www.irs.gov](http://www.irs.gov). Complete the form and submit it to the IRS.

## **TAX FORM INFORMATION**

*Please read the following information carefully before completing the form.*

### **Statement of Benefits Paid and Withholding**

Every January, CalPERS sends each beneficiary a statement showing the gross amount of benefits paid during the previous calendar year and the amount of income tax withheld, if any. Most payments are reported to the Internal Revenue Service (IRS) and the California Franchise Tax Board. Questions about the taxability of benefits should be directed to these agencies or your tax advisor.

### **Taxpayer Identification Number**

The IRS requires recipients of reportable payments to furnish a Taxpayer Identification Number (TIN). You must provide your Social Security number (or Employer Identification Number, if a trust or organization), even if you are not required to file a tax return. We will not be able to make payment to a trust or probated estate without a trust or estate tax ID number.

### **Notice of Possible Penalties**

If you do not have federal tax and/or California state tax withheld, or if you do not have enough withheld, you may have to pay estimated tax. You may also incur penalties. See IRS publication 505, *Tax Withholding and Estimated Tax*, for additional information.

### **Foreign Residency**

If you are a resident or citizen of a country other than the United States, complete sections 1 and 4 only of the enclosed *Tax Withholding Election* form (myCalPERS 1289). You must complete this form before CalPERS can pay benefits. You must have a U.S. Social Security Number (SSN) or IRS-assigned Individual Taxpayer Identification Number (ITIN) before we can make payment to you. If you are a United States citizen living in another country, you must complete all sections of the tax election form that may be applicable to you.

## FILLING OUT OTHER FORMS

### Tax Withholding Election

#### Your Information (Section 1)

Complete Section 1 with your personal information and provide your Social Security or taxpayer identification number. You must have a U.S. Social Security Number (SSN) or IRS-assigned Individual Taxpayer Identification Number (ITIN) before we can make payment to you. For an estate or trust, enter the estate's or trust's Employer Identification Number. A Social Security number is not acceptable to pay an estate or trust.

If you are a resident or citizen of a country other than the United States, or if you are a United States citizen living in another country, complete the Citizenship and Residency fields.

For the Retirement Program and Account field, select the CalPERS and Death Benefits options.

#### Federal Tax Withholding Election (Section 2)

Complete Section 2 to indicate your federal tax withholding election for the one-time prorated benefit payment. This section has four steps to complete. Only step 1 is required. Complete steps 2-4 only if they apply to you.

These benefit payments are treated as payroll wages. Federal tax will be withheld based on the tax rate of a single person unless you elect no withholding or select a different marital status. If no election is submitted and the rate of single is used, the highest amount of federal tax will be withheld if the gross monthly payment is at or greater than the IRS minimum level to withhold.

#### California State Tax Withholding Election (Section 3)

Complete Section 3 to indicate your California state tax withholding elections for the one-time prorated benefit payment.

If you are a California resident, CalPERS will automatically withhold state tax based on the tax rate of a single person claiming zero exemptions unless you elect no withholding, have a flat amount withheld, or select a different marital status or number of exemptions. If no election for state withholding is submitted and the rate of single with zero exemptions is used, the highest amount of state tax will be withheld if the gross monthly payment is at or greater than the California Franchise Tax Board minimum level to withhold.

If you do not live in California, CalPERS will not withhold state tax unless you make an election for state withholding. If you are unsure whether you will be subject to California state taxes, contact the California Franchise Tax Board or seek the advice of a qualified tax consultant.

#### Working with a Form

Be sure to read the instructions and questions carefully before completing any of the forms.

### **Signature and Date (Section 4)**

Be sure to sign and date the form or your elections will not be considered valid.

### **Certification of Trust**

If the beneficiary is a trust, the trustee should complete the *Certification of Trust* form.

## HOW TO GET MORE INFORMATION

### CalPERS Website

Visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) for more information on all our benefits and services.

### Reach Us by Phone

Call us toll free at **888 CalPERS** (or 888-225-7377).

Monday through Friday, 8:00 a.m. to 5:00 p.m.

TTY: (877) 249-7442

### Visit Your Nearest CalPERS Regional Office

#### **Fresno Regional Office**

10 River Park Place East, Suite 230

Fresno, CA 93720

#### **Glendale Regional Office**

Glendale Plaza

655 North Central Avenue, Suite 1400

Glendale, CA 91203

#### **Orange Regional Office**

500 North State College Boulevard, Suite 750

Orange, CA 92868

#### **Sacramento Regional Office**

Lincoln Plaza East

400 Q Street, Room 1820

Sacramento, CA 95811

#### **San Bernardino Regional Office**

650 East Hospitality Lane, Suite 330

San Bernardino, CA 92408

#### **San Diego Regional Office**

7676 Hazard Center Drive, Suite 350

San Diego, CA 92108

#### **San Jose Regional Office**

181 Metro Drive, Suite 520

San Jose, CA 95110

#### **Walnut Creek Regional Office**

Pacific Plaza

1340 Treat Boulevard, Suite 200

Walnut Creek, CA 94597

## 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).

*CalPERS is governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811.*



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**California Public Employees' Retirement System**  
400 Q Street  
Sacramento, California 95811

**888 CalPERS (or 888-225-7377)**  
**[www.calpers.ca.gov](http://www.calpers.ca.gov)**

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