



# Reinstatement From Service Retirement Application

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

By completing this form you are requesting to reinstate into active membership with a CalPERS-covered employer. Prior CalPERS approval is not required. You must notify us immediately if your first day of compensated employment changes. For important information about how reinstatement can affect your retirement benefits, refer to the publication *Reinstatement From Retirement* (PUB 37).

## Section 1

### Information About You

Please provide your name as it appears on your Social Security card.

Your Name (First Name, Middle Initial, Last Name)		CalPERS ID or Social Security Number	
( ) ( ) ( )		( ) ( ) ( )	
Birth Date (mm/dd/yyyy)	Daytime Phone	Alternate Phone	
Address			
City		State	ZIP

## Section 2

### Employer Information

Employee's Start Date is the day the member starts employment.

Employee's Start Date (mm/dd/yyyy)		Employee's Job Title (do not abbreviate)	
( ) ( ) ( )		( ) ( ) ( )	
Name of Employer		CalPERS Business Partner ID	
( ) ( ) ( )	( ) ( ) ( )	( ) ( ) ( )	
Employer Phone	Employer Fax	Employer Email	
Address			
City		State	ZIP

### Employer Certification

I hereby certify, under penalty of perjury, that the above information is true, complete, and correct to the best of my knowledge.

Authorized Employer Signature		Date (mm/dd/yyyy)
( ) ( ) ( )		( ) ( ) ( )
Print Name	Title	

## Section 3

### Your Signature and Certification

I understand that reinstatement will terminate my current CalPERS retirement benefit and can change the benefits I am entitled to receive in the future when I re-retire.

Your Signature	Date (mm/dd/yyyy)
( ) ( ) ( )	( ) ( ) ( )

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).