



Request for Benefit Allowance Increase

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

To use this form, you must have elected one of the following retirement payment options and have an eligible qualifying event:

- Option 2 or Option 3 if you retired prior to January 1, 2018.
- 100 Percent Beneficiary Option 2 with Benefit Allowance Increase or 50 Percent Beneficiary Option 3 with Benefit Allowance Increase if you retired on or after January 1, 2018.

For more information about qualifying life events, please refer to the publication *Changing Your Beneficiary or Monthly Benefit After Retirement* (PUB 98).

Section 1

Provide your name as it appears on your Social Security card.

Information About You

Your Name (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Address

City

State

ZIP

Your Retirement Date (mm/dd/yyyy)

Section 2

If you are a nonmember, you do not need to be awarded total interest in your CalPERS benefit to request a benefit allowance increase.

Qualifying Life Events

Choose the qualifying event:

- ☐ Death of current life option beneficiary (provide copy of the certified death certificate)

Beneficiary's Name (First Name, Middle Initial, Last Name)

Date of Death (mm/dd/yyyy)

- ☐ Divorce, legal separation, or annulment from spouse who is your life option beneficiary

☐ Divorce (provide a copy of the endorsed-filed court order that awards you 100% of your CalPERS benefit)

☐ Legal separation (provide a copy of the endorsed-filed court order that awards you 100% of your CalPERS benefit)

☐ Annulment (provide a copy of the court document that confirms the annulment)

Former Spouse's Name (First Name, Middle Initial, Last Name)

Date Effective (mm/dd/yyyy)

- ☐ Dissolution or termination of domestic partnership from domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order that awards you 100% of your CalPERS benefit)

Former Registered Domestic Partner's Name (First Name, Middle Initial, Last Name)

Date Effective (mm/dd/yyyy)

- ☐ Non-spouse/non-domestic partner disclaimed entitlement to his or her CalPERS benefit (submit the *Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefit* form)

Section 3

Certification of Participant

I hereby certify under penalty of perjury that the foregoing information is true and correct.

Signature of Participant

Date (mm/dd/yyyy)

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Daytime Phone

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Alternate Phone

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).