



Request To Work While Receiving Disability / Industrial Disability Retirement Benefits

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

You must complete this form in order to request approval to work for a CalPERS employer in any permanent position while continuing your disability / industrial disability retirement benefits.

Section 1

Please clearly print the requested information.

A Physician's Report on Disability form is not required.

Be sure to have your employer fill out **Section 2** on the reverse side of this form.

Local safety disability or industrial disability retirees must also submit the position duty statement and qualifying medical documentation used at the time of their retirement.

Member Certification

| | | | |
|--|------------|--------------------------------------|---------|
| Name of Member (First Name, Middle Initial, Last Name) | | Social Security Number or CalPERS ID | |
| Address | | | |
| City | State | ZIP Code | Country |
| () | () | | |
| Daytime Phone | Fax Number | E-Mail Address | |

I understand this is a formal request for permanent employment under Government Code Section 21232 and that my employment offer is contingent upon written approval from CalPERS. I must advise CalPERS of any changes to my salary or employment (for e.g. lateral transfer or promotion) and receive approval before beginning any new permanent position. A consequence of unlawful employment may result in mandatory reinstatement from retirement into the position I am currently working, retroactive to my hire date.

I also understand that the position I am applying for must be significantly different than the one from which I retired. I am subject to an earnings limitation so that the total of the pension portion of my retirement allowance and employment earnings will not exceed the current (gross) salary of the position from which I retired.

I have attached a position duty statement of the job and a completed *Physical Requirements of Position/Occupational Title* form. I have also attached a current medical report completed and signed by a physician specializing in the condition for which I retired on disability/industrial disability retirement. The physician is a medical specialist who certifies that he/she has examined me, reviewed the attached position duty statement and *Physical Requirements of Position/Occupational Title* form and indicates whether or not I am able to perform all of the tasks without any restrictions or limitations.

| | |
|------------------|-------------------|
| Member Signature | Date (mm/dd/yyyy) |
|------------------|-------------------|

This form continues on the back.

Your Name

Social Security Number or CalPERS ID

Section 2

Permanent employment
or changes in employment
status (e.g., lateral transfer
or promotion) that begins
prior to written approval
from CalPERS may result in
mandatory reinstatement.

Employer Certification

It is the intent of: _____ to hire: _____
Employer CalPERS Member
in the position of: _____ pursuant of Government Code Section 21232;
Job Title
and contingent upon written approval from CalPERS.

Employer Address (City, State, ZIP Code)

Daytime Phone

Fax Number

E-Mail Address

We understand that reinstatement of the retiree, due to unlawful employment, to any position within
our agency, may result in penalties and payment of contributions to CalPERS, retroactive to retiree's
date of hire.

The salary range for this position is: _____ hourly/monthly.

Employer Signature

Date (mm/dd/yyyy)

Print Name of Authorized Personnel

Classification Title

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796

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).